

Name  
in  
Full

Ms. Kate Ambrose

CERTIFICATE OF DEATH

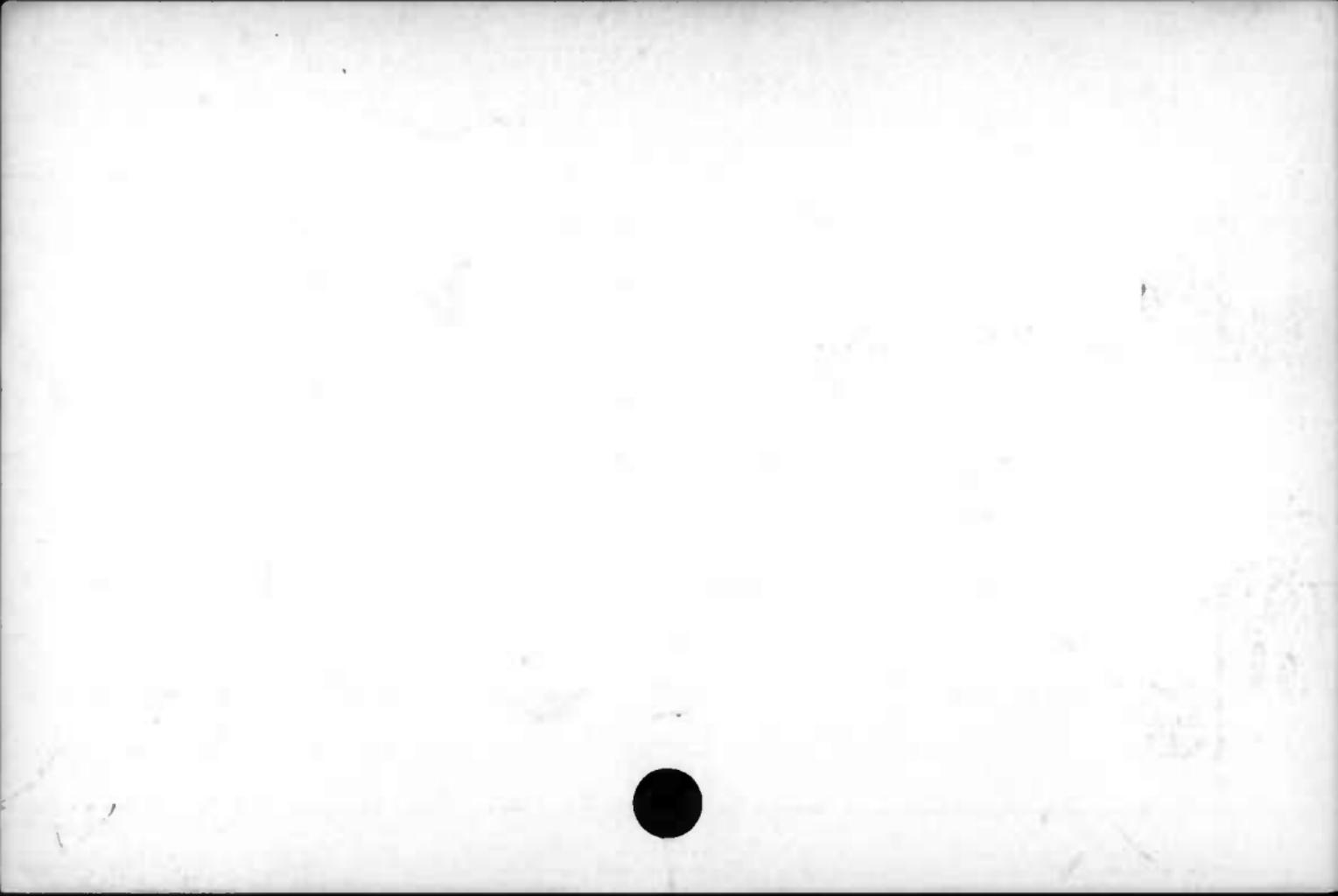
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month July	Day 30	Years 30	Months	Days	
Sex Female	Color or Race White	Birth-place		—		
Married, Single or Widowed	Occupation	House wife				
Name of Wife or Husband	Geo. Ambrose					
Father's Name	Benj Wellington		Father's Birthplace			
Mother's Maiden Name	Sarah "		Mother's Birthplace			
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever - Exhaustion		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	G. W. Marshall	
	Address	Stag necklace red	
Accident or Suicide?			



Name  
in  
Full

Ward Barkman

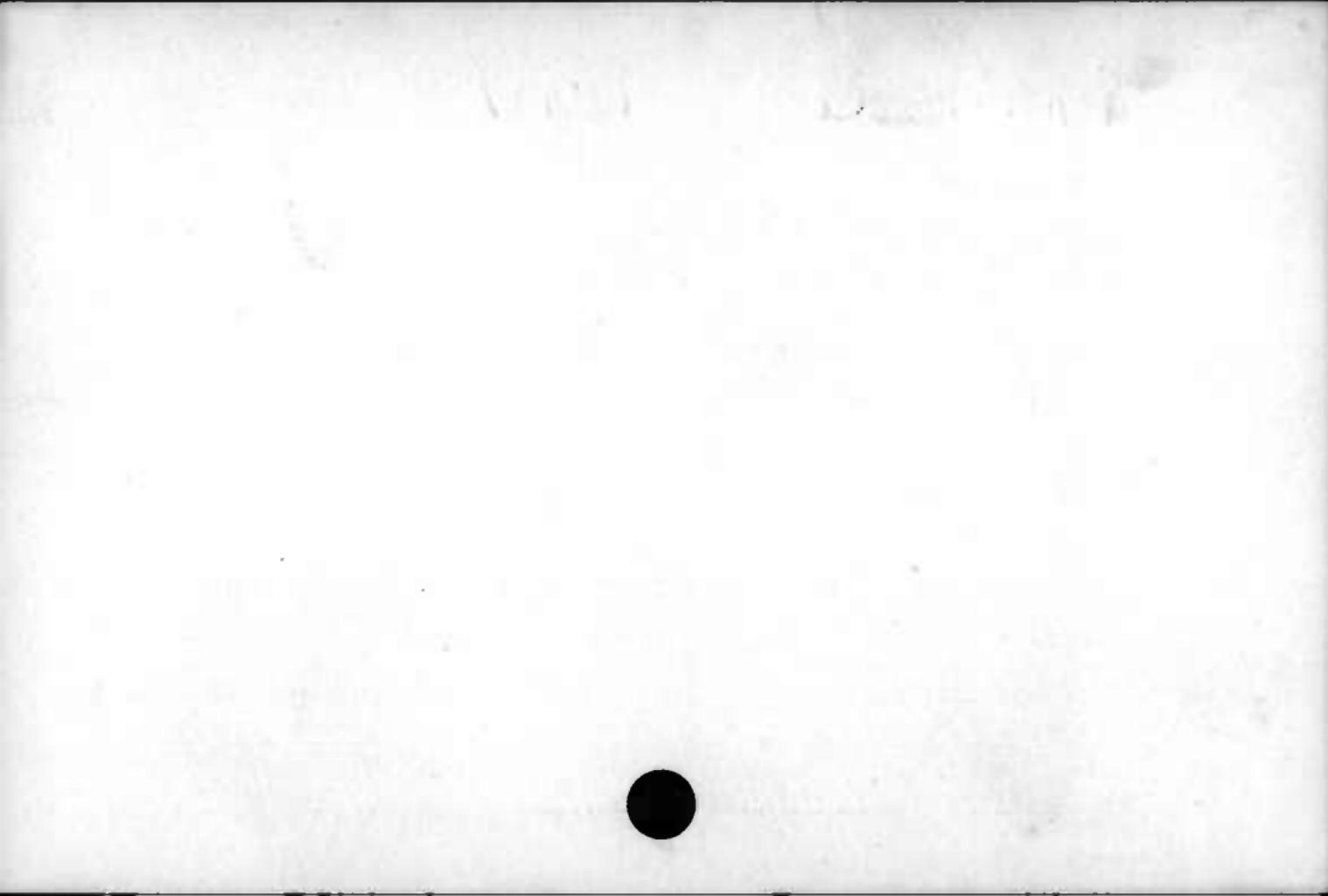
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Rohresville	Wash		
Date of death 1903	Month 7	Day 23	Years 50
Sex Male	Color or Race white	Birth-place Bonnlow	Months 8 Days 3
Married, Single or Widowed	Occupation Retired Miller		
Name of Wife <del>Husband</del>	Mary A Ganner		
Father's Name	Henry Barkman	Father's Birthplace Bconlone	
Mother's Maiden Name	Margarett Betelkner	Mother's Birthplace Bonnlow	
Name of person giving information	Robert Barkman	How related to deceased wife	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Old age 154	How long
	Immediate	Paralyzes	How long 7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C AlVebert
		Address	Robresville Md
Accident or Suicide?			



Franklin Leon Bell

Town

County

Died at

MARYLAND

Ridgegold Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 20

Age

or 3 in Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's  
Maiden Name

Joseph P. Bell

Nancy E. Greager

Cause of

Primary

Indigestion

How long sick

2 days

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

J. A. Wighard M.D.

Address

Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Robert A. Bruce				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Age	90	Months	Days
Sex	male	Color or Race	white	Birth- place	Md.		
Married, Single or Widowed	widower	Occupation	Retired				
Name of Wife or Husband							
Father's Name	Robert A. Bruce						
Mother's Maiden Name							
Name of person giving Information	W. H. Ridemour						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

some weeks

Immediate

de

How long

Are the name, age, sex, color, date  
and place correctly given above?

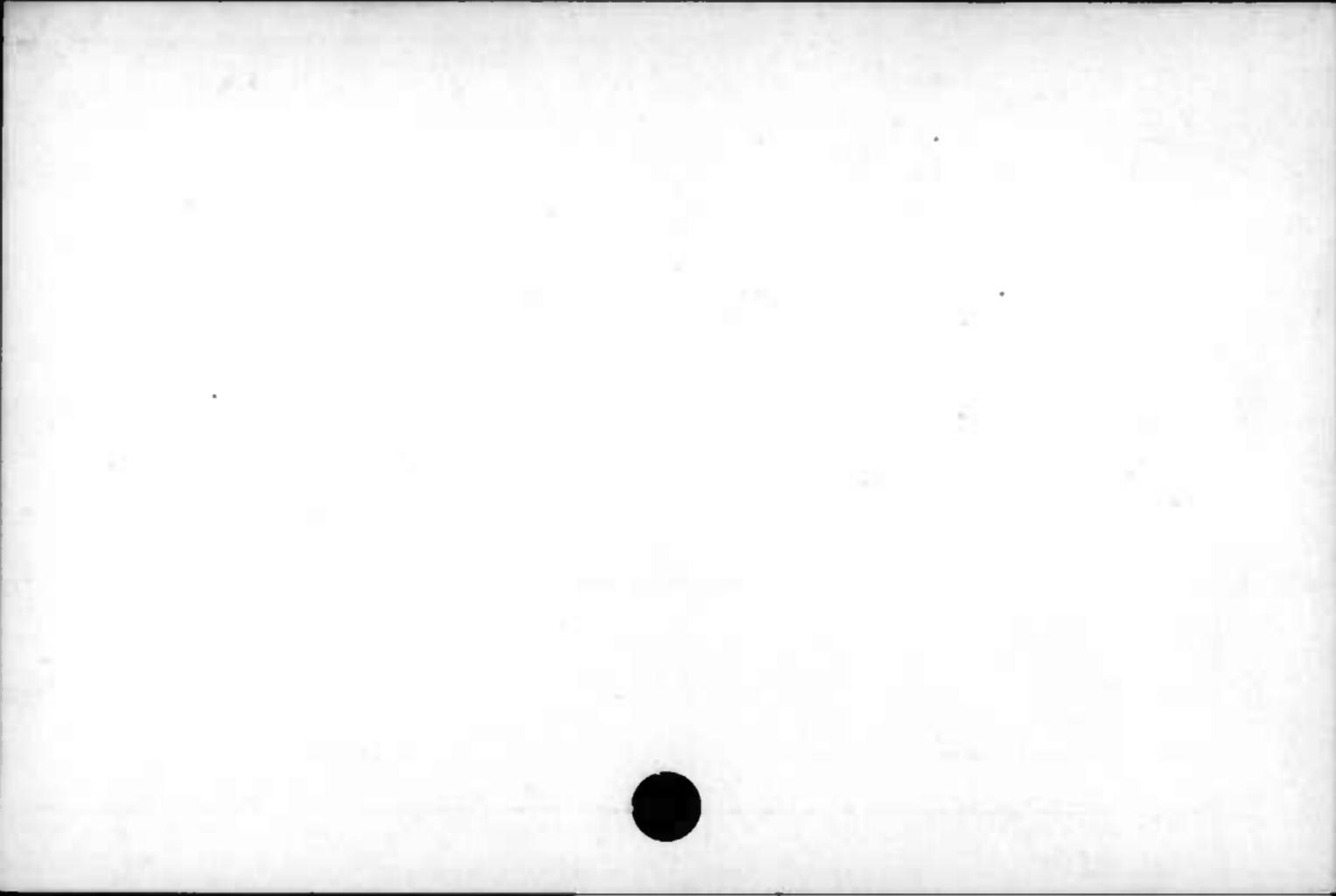
Signature of  
Physician

Accident or Suicide?

Address

Yes

Dr. R. B. Ridge M.D.



Name in Full

Ce tificate of Death

William Augustus Bowles.

Town

County

MARYLAND

Died at

Hancock Agash

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living None

Husband of

Mary Ann Hart.

Wife

Father's

Name

James Bowles. Maiden Name Martha Swope.

Mother's

Cause of

Primary

Congestive of kidneys

How long sick

12 hrs

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. A. West

Address

Hancock 179 Main St.

Must be signed by physician, If any in attendance, otherwise by a soner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Margaret Brown					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
3 July	22	Age	70	-	-		
Sex	Female	Color or Race	Black	Birth- place	Md		
Married, Single or Widowed	Widow	Occupation	House wife				
Name of Wife or Husband	Frank Brown						
Father's Name	Thomas Gains	Father's Birthplace	Williamsport				
Mother's Maiden Name	Sgt Kneer	Mother's Birthplace	Rock Frogs				
Name of person giving Information	Lucy Brown	How related to deceased	Daughter				

CAUSES OF DEATH

Primary

Paralysis

How long

7 months

Immediate

..

How long

7 months

Are the name, age, sex, color, date  
and place correctly given above?

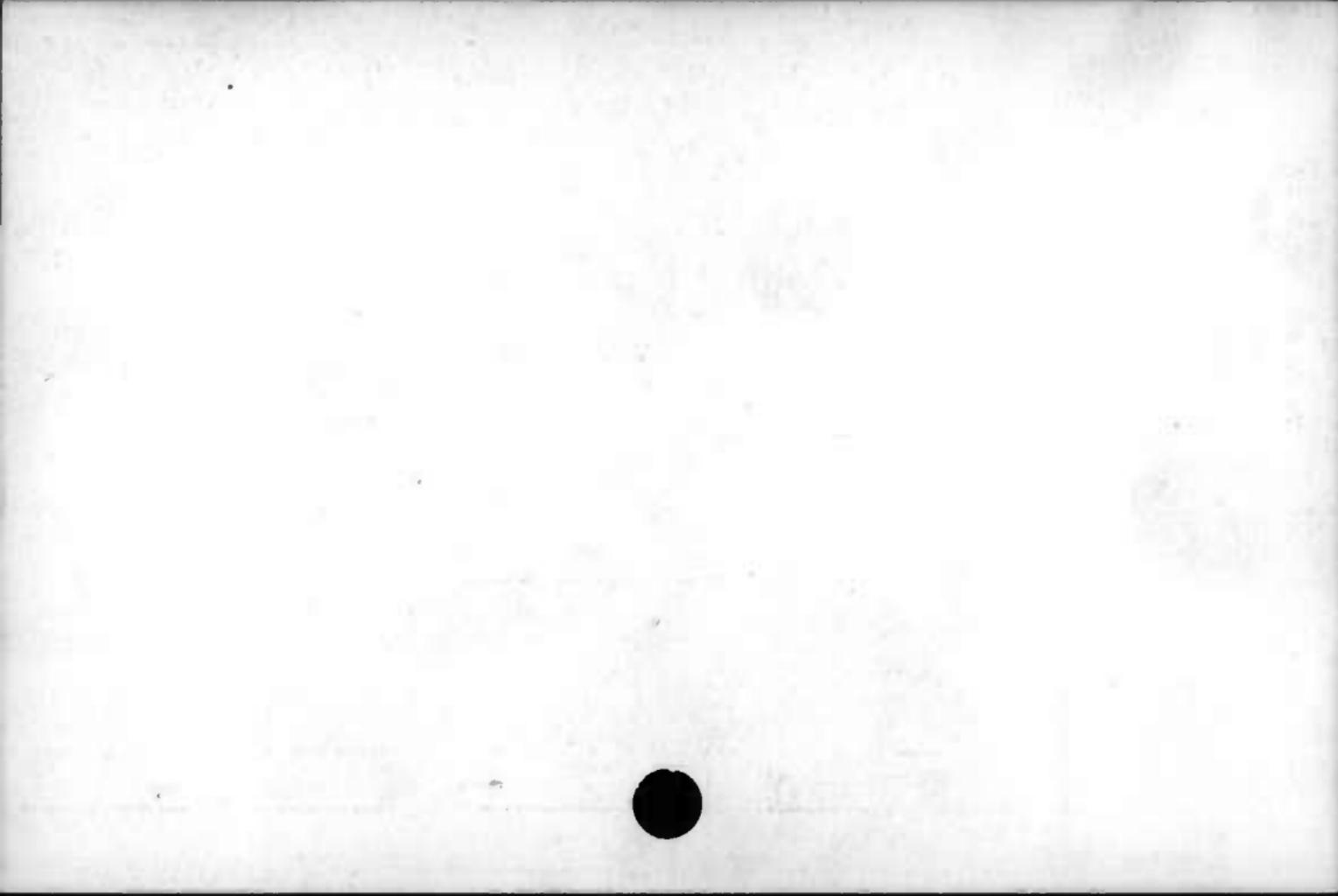
Signature of  
Physician

Address



Dr B Reynolds

Accident or Suicide?



Name  
in  
Full

Robert Bulk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County			
Died at	Williamsport	Washington			
Date of death	Month	Day	Years	Months	Days
1903	July	24	40	-	-
Sex	Color or Race	Occupation			
Male	White	Laborer			
Married, Single or Widowed					
Name of Wife or Husband	Emma Jane Moravay -				
Father's Name	John Bulk				
Mother's Maiden Name	Nancy Ward				
Name of person giving information	Eudie Bulk				
Father's Birthplace	X				
Mother's Birthplace	X				
How related to deceased	Wife				

CAUSES OF DEATH

Primary

Strangulated Hernia

How long

One month

Immediate

Prostration

108

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Richardson  
Williamsport Md

Accident or Suicide?

Frank Krebs undertaker

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

A. Landow Burks.

## CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death 1903

Month

Day

Years

Months

Days

Age

47

Sex

male

Color or  
Race

white

Birth-  
place

Va.

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Robert Burks

Father's  
BirthplaceMother's  
Maiden Name

Eliz. Burks

Mother's  
BirthplaceName of person giving  
Information

Mrs. A. C. Burks

How related  
to deceased

Va.

..

wife.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Valvular heart trouble

How long

long time

Immediate

..

How long

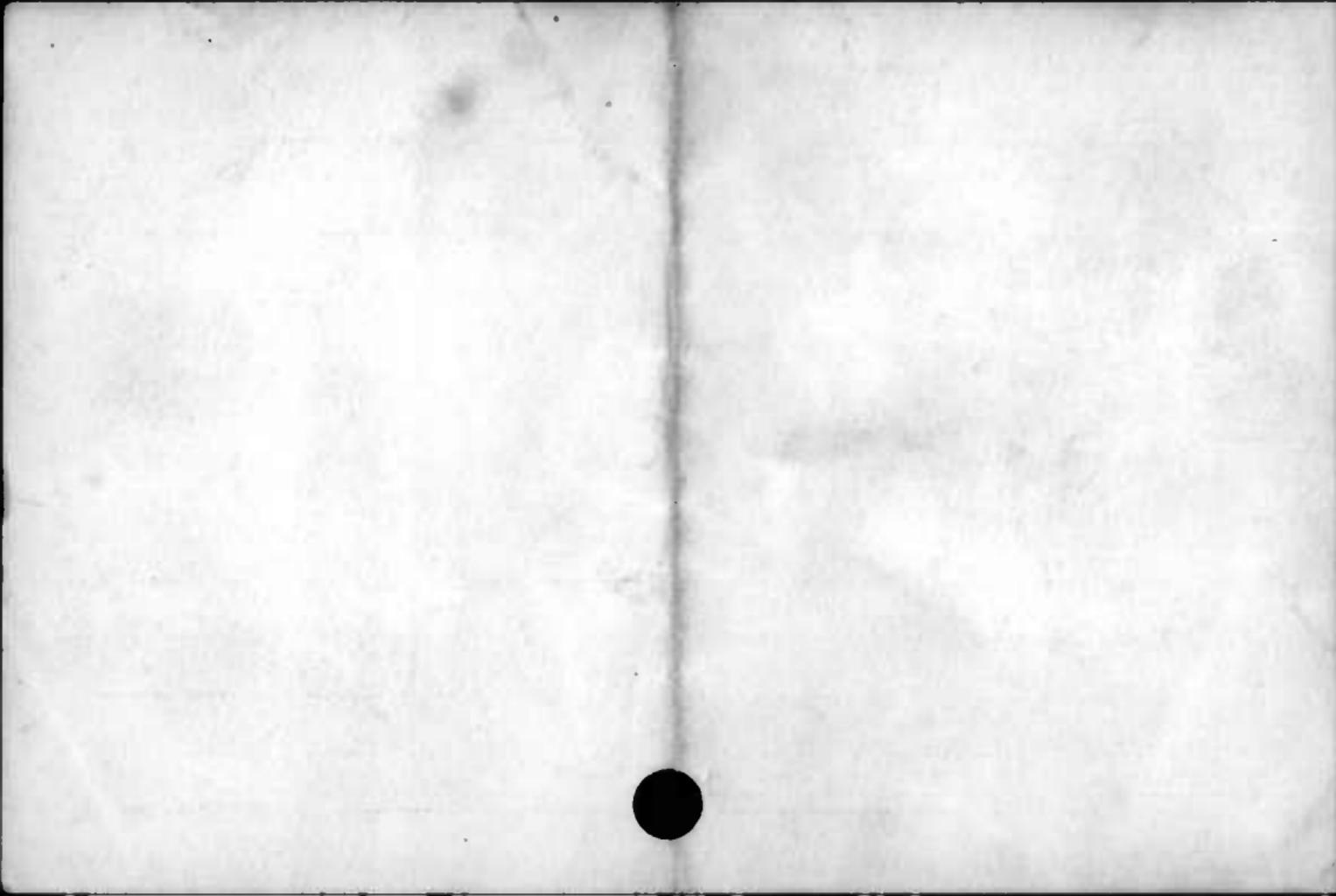
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Ed. Markham

Address

Staggswood

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

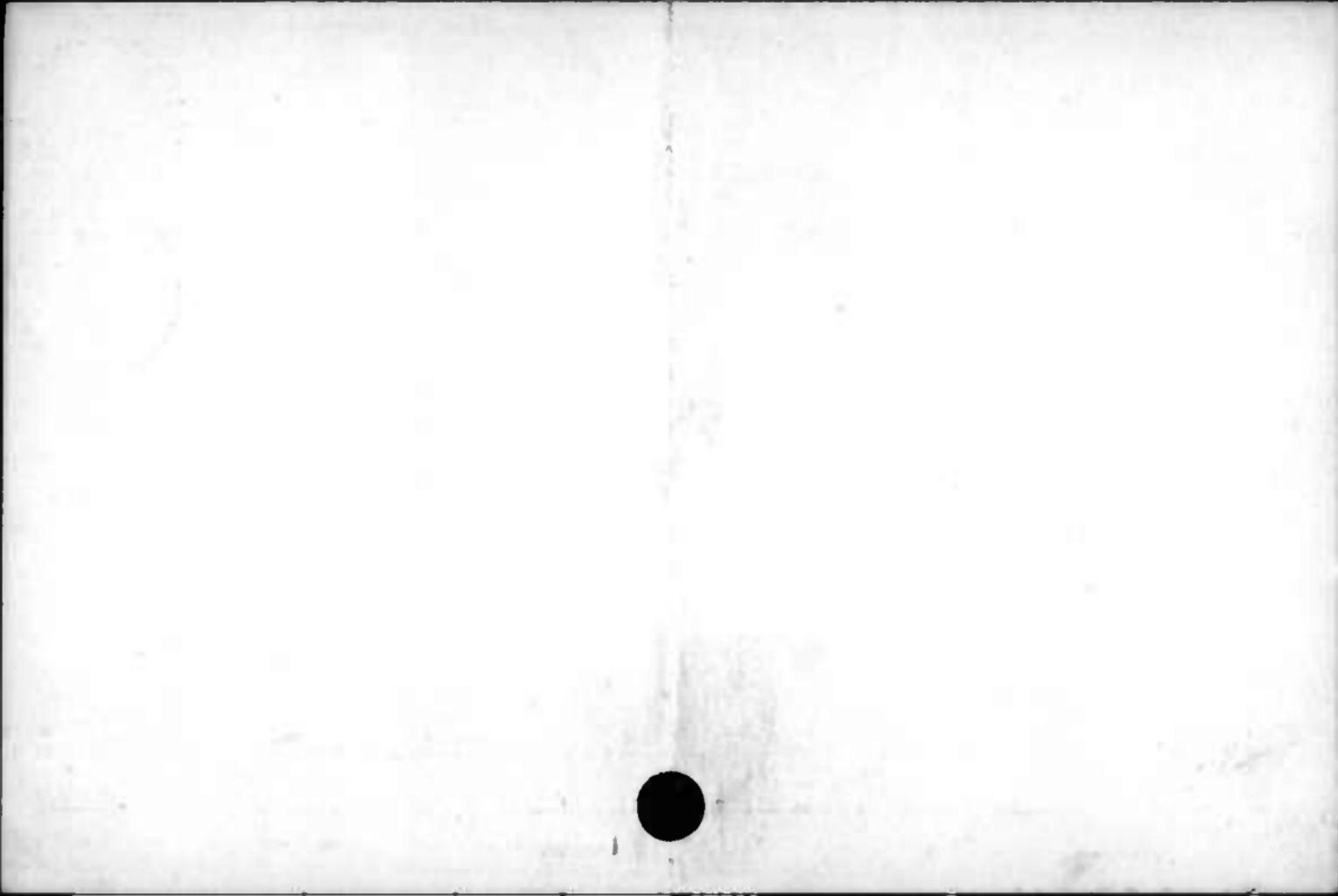
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Two Weeks</u>		Town <u>Washington</u>		County <u>District of Columbia</u>		MARYLAND		
Date of death 1903	Month <u>July</u>	Day <u>10</u>	Years <u>—</u>	Age <u>—</u>	Months <u>8</u>	Days <u>—</u>		
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>—</u>		Birth-place <u>Seneca</u>				
Married, Single or Widowed								
Name of Wife or Husband	<u>Gatlie Gross</u>							
Father's Name	<u>Sidney Gross</u>				Father's Birthplace <u>Point of Rock</u>			
Mother's Maiden Name	<u>Rattle Pidgeon</u>				Mother's Birthplace <u>Point of Rock</u>			
Name of person giving information	<u>Victor Gross</u>				How related to deceased <u>Brother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Feethring</u>	How long <u>1 day</u>
Immediate	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<u>Yes</u>		Address <u>Wm. Clark, D.P.</u>
Accident or Suicide?		



Emma Davis

Town	County					
Died at	Maryland	Washington				
Date	1903	Month	Day	Y.	M.	D.
Male	July	30		19	-	-
Female	White			W	W	W
				W	W	W
Father's Name	Daughter of W. H. Davis			Mother's Name		
W. H. Davis						
Cause of Death	Primary				How long sick	
Immediate	Typhoid-Pneumonia			Two weeks		
Reported by				Accident, SWAN, Northside		

Address Mason City, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sub Reg.

H. Baughman Mangar  
Brit

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John D. W. Davis					CERTIFICATE OF DEATH		
Died at Hagerstown		Town	County Washington		MARYLAND		
Date of death 1903	Month July	Day 2	Years 37	Months -	Days.		
Sex male	Color or Race white	Age		Birth-place Va.			
Married, Single or Widowed married		Occupation Laborer.					
Name of Wife or Husband Annie Davis							
Father's Name Isiah Davis				Father's Birthplace Va.			
Mother's Maiden Name Fanny Shank				Mother's Birthplace ..			
Name of person giving Information Mrs John Davis				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Failure of Brainum

How long

5 day ✓

Immediate

166

How long

Are the name, age, sex, color, date and place correctly given above?

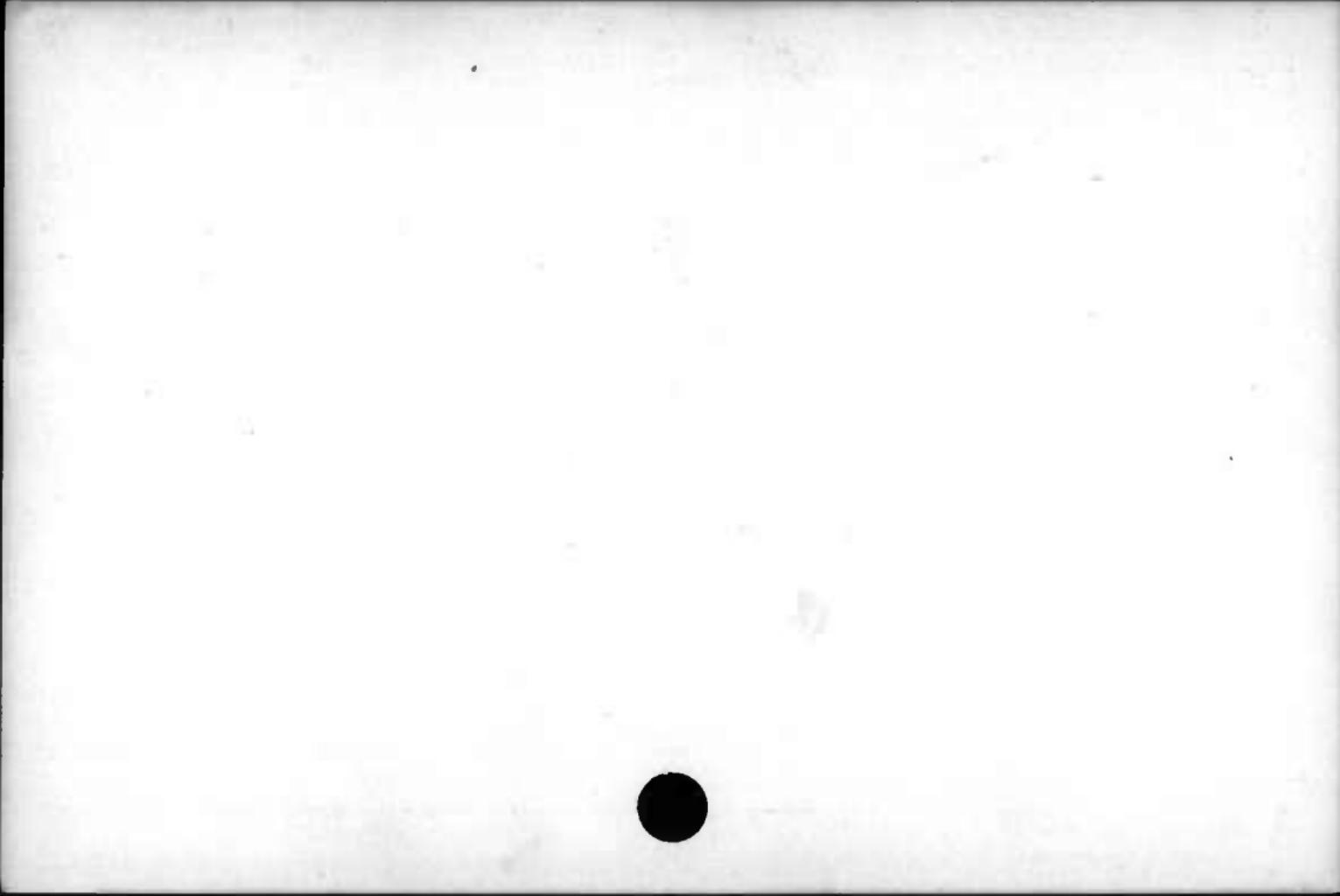
Yes

Signature of Physician

Address

J. M. G. Scou  
Hagerstown

Accident



Name  
in  
Full

Mafinda Davis

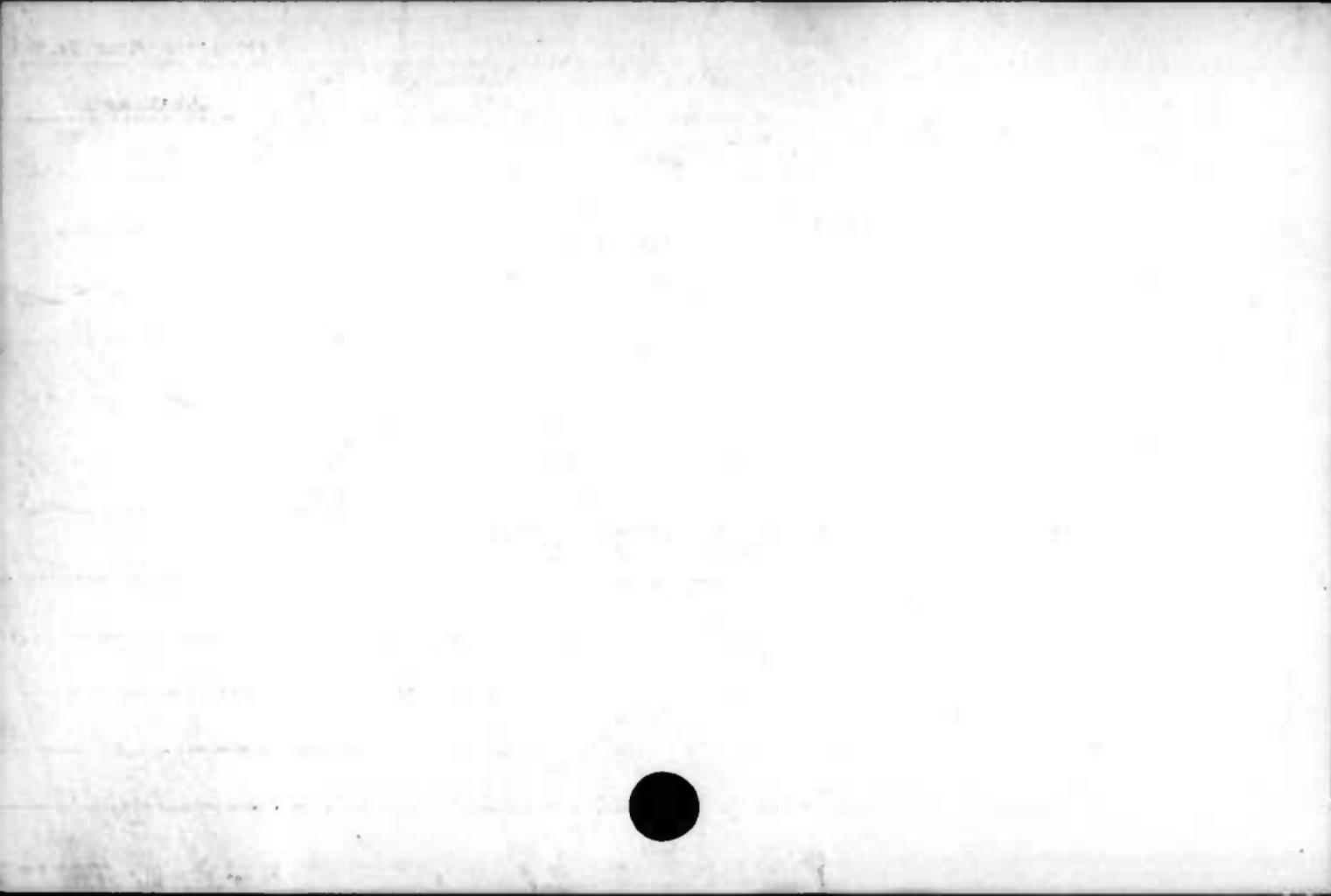
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 7	Day 20	Years 62	Months 11	Days
Sex Female	Color or Race White	Birth-place			
Married, Single or Widowed Married	Occupation House work				
Name of Wife or Husband Elias Davis					
Father's Name John Hissmiller	Father's Birthplace				
Mother's Maiden Name Margaret Oberst	Mother's Birthplace				
Name of person giving information Elias Davis	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Pleur.-Pneumonia	How long 2 mos
	Immediate Exhaustion q3	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician B.M. Reichard
		Address Fairplay
Accident or Suicide?		



Andrew Edward Dorsey

Town

County

Died at

Bakersville Wash.

MARYLAND

1903

Month

Day

Y. M. D.

Native of

Occupation

Date 1903

Male

July, 24

Age

15-4-12

Wash.-Co. Laborer

Divorced

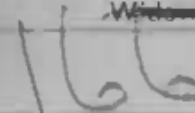
Female

White

Single

Widow

Number of children living

Husband  
ofFather's  
Name

Edward Dorsey. Sarah Danier

Mother's  
Name

Low long sick

Cause of

Primary

Skull fractured

Death

Immediate

with contusion of brain

Accident

House

Reported by

H. Franklin Schamel MD

Address

Bakersville, Ad

Must be signed by physician, if any in attendance, otherwise by coroner undertaker or minister.



Name  
in  
Full

Francesca di Donato

CERTIFICATE OF DEATH

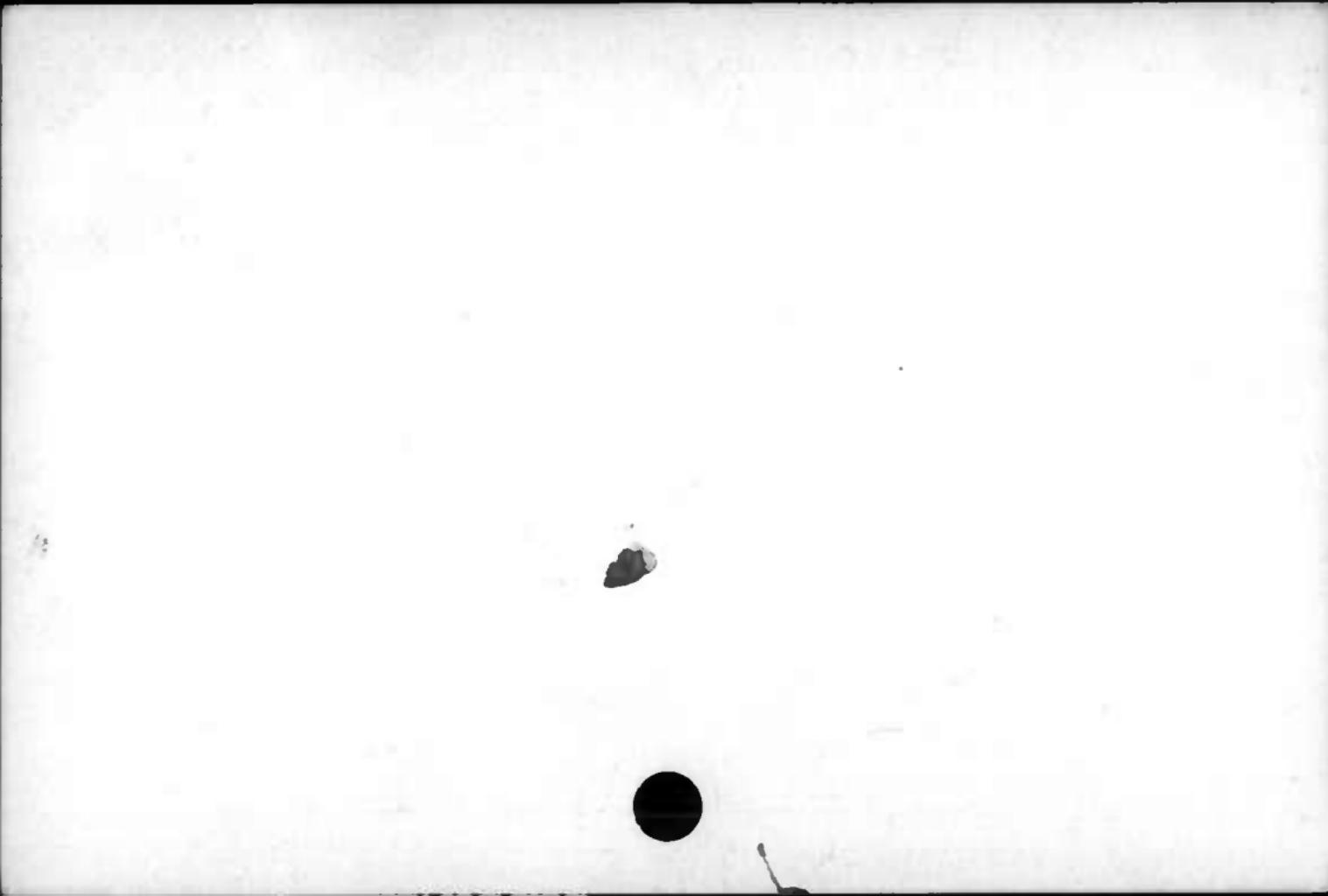
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Edgemont Kenner Wash.</u>		County <u>Clark</u>			
Date of death <u>1903</u>	Month <u>7</u>	Day <u>31</u>	Years <u>46</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>Gardener</u>			
Married <u>S</u> or Widowed					
Name of Wife or Husband					
Father's Name	Father's Birthplace <u>Holy</u>				
Mother's Maiden Name	Mother's Birthplace <u>Holy</u>				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Breeding -</u>	<u>177</u>	How long
Immediate	<u>Drowning</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. J. W. Steck</u>	
		Address <u>Brushburg N.Y.</u>	
Accident <u>or Suicide</u>			



Name in Full

Certificate of Death

Charles Edward Easton.

Town Beaver Creek County Washington MARYLAND  
 Died at Beaver Creek Native of Maryland Occupation Leborer

Date 1903	Month July	Day 2	Age 15	M. D. 6-9	Native of Maryland	Occupation Laborer
Male	White	Married	W.	Divorced		
Father	Separated	Single	Widower	Number of children living		

Husband of

Wife

Father's Name

Ellis Easton

Maiden Name

169

Mother

Frannie Easton

Cause of Death

Primary

Sun - Stroke

How long sick

2 hours

Immediate

Exhaustion, heat failure

Accident, Suicide, Homicide

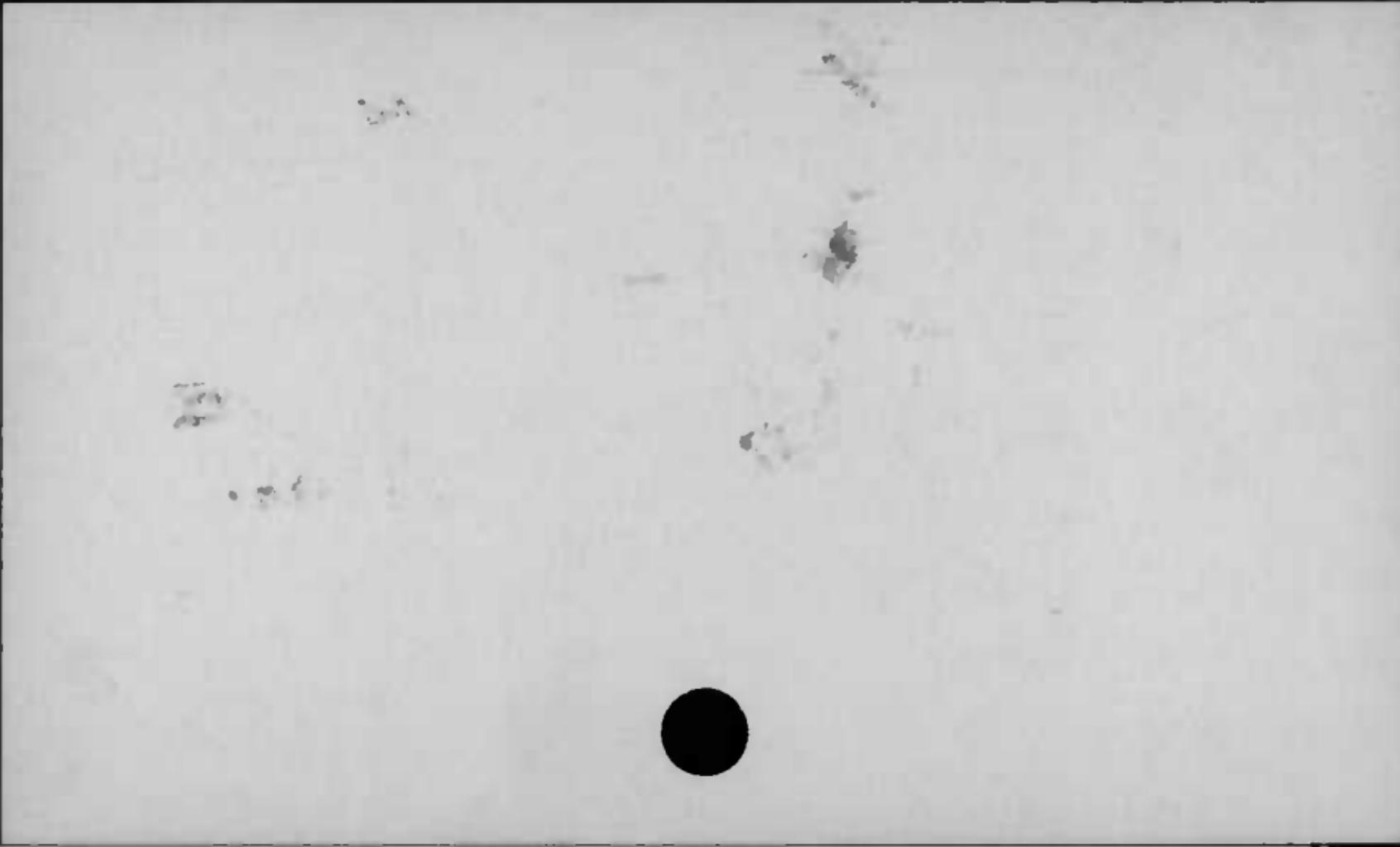
Reported by

J. S. Lubert Wade, M.D.

Address

Boonsboro - [redacted] Md. Co., Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Geneva M Giffin,

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Dargan Town Washington County

MARYLAND

Date of death 1903 Month July Day 1 Age Years Months 5 Days —

Sex Female Color or Race White Birth-place Dargan

Married, Single or Widowed

Name of Wife or Husband

Father's Name Harry Giffin

Father's Birthplace Dargan

Mother's Maiden Name Emma Ault

Mother's Birthplace "

Name of person giving Information Wm Grim

How related to deceased Brother-in-law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Invention

How long about 8 mos.

Immediate

179

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

G. W. Garrett

Shenandoah, Md.

Accident or Suicide?

Chas. S. Wade  
undertaker

Name  
in  
Full

Mary Ann Grosh.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Chadron	Washington					
Date of death 1903	Month 7	Day 13	Years Age . 77	Months	Days	
Sex Female	Color or Race white	Birth- place Washington Co.				
Married, Single or Widowed	Occupation Housewife					
Name of Wife or Husband John Grosh.						
Father's Name Robert Buckley.	Father's Birthplace X					
Mother's Maiden Name Elizabeth Lutz.	Mother's Birthplace X					
Name of person giving information John Grosh.	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral hemorrhage,

How long

6 days

Immediate

Exhaustion

How long

48 hours

Are the name, age, sex, color, date  
and place correctly given above?

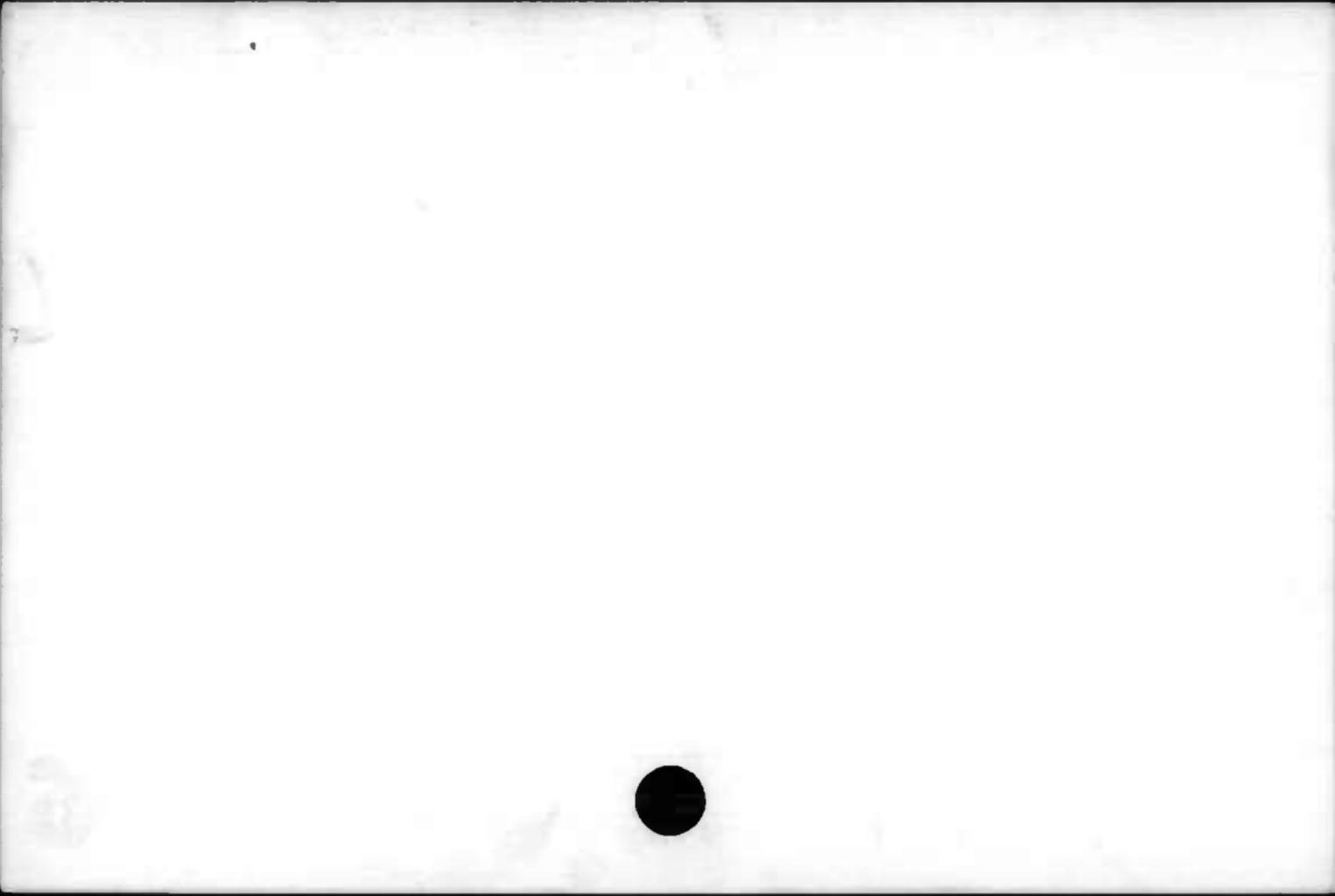
Yes

Signature of  
Physician

Address

Abraham Shank  
Clearspring. Md.

Accident Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jack Tally		Town		County		MARYLAND	
Died at	Anydres Landing, Cookah —						
Date of death 190	Month	Day	Years	Age	about 10	Months	Days
3 July	10					—	—
Sex	Color or Race	Occupation		Birth-place			
Male	Colored			Don't know			
Married, Single or Widowed							
Name of Wife or Husband	Don't know						
Father's Name	Don't know			Father's Birthplace			
Mother's Maiden Name	Don't know			Mother's Birthplace			
Name of person giving Information	Frank Tally			How related to deceased			
CAUSES OF DEATH							
Primary	Residental drowning		192		How long		—
Immediate					How long		—
Are the name, age, sex, color, date and place correctly given above?		Mr. Tally		Signature of Physician		G. M. Gammie,	
				Address		Champlbury, Md.	
Accident or Suicide?							

Eugen Marko,  
Untertaker.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs. Florence Isabel Hawthorne				CERTIFICATE OF DEATH			
Died at	Steelton	Town	Dauphin	County	Penns. MARYLAND		
Date of death 190	3	Month	July	Day	8	Years	33
Age	33	Months	4	Days	5		
Sex	female	Color or Race	white	Birth-place	Md.		
Married, Single or Widowed	married	Occupation	H.W.				
Name of Wife or Husband	Theodore Hawthorne						
Father's Name	Grant Wilson						
Mother's Maiden Name							
Name of person giving Information	Theo. Hawthorne						
Husband							

CAUSES OF DEATH

Primary

Bronch Pneumonia

How long

1 week.

Immediate

Angina Pectoris

How long

Are the name, age, sex, color, date and place correctly given above?

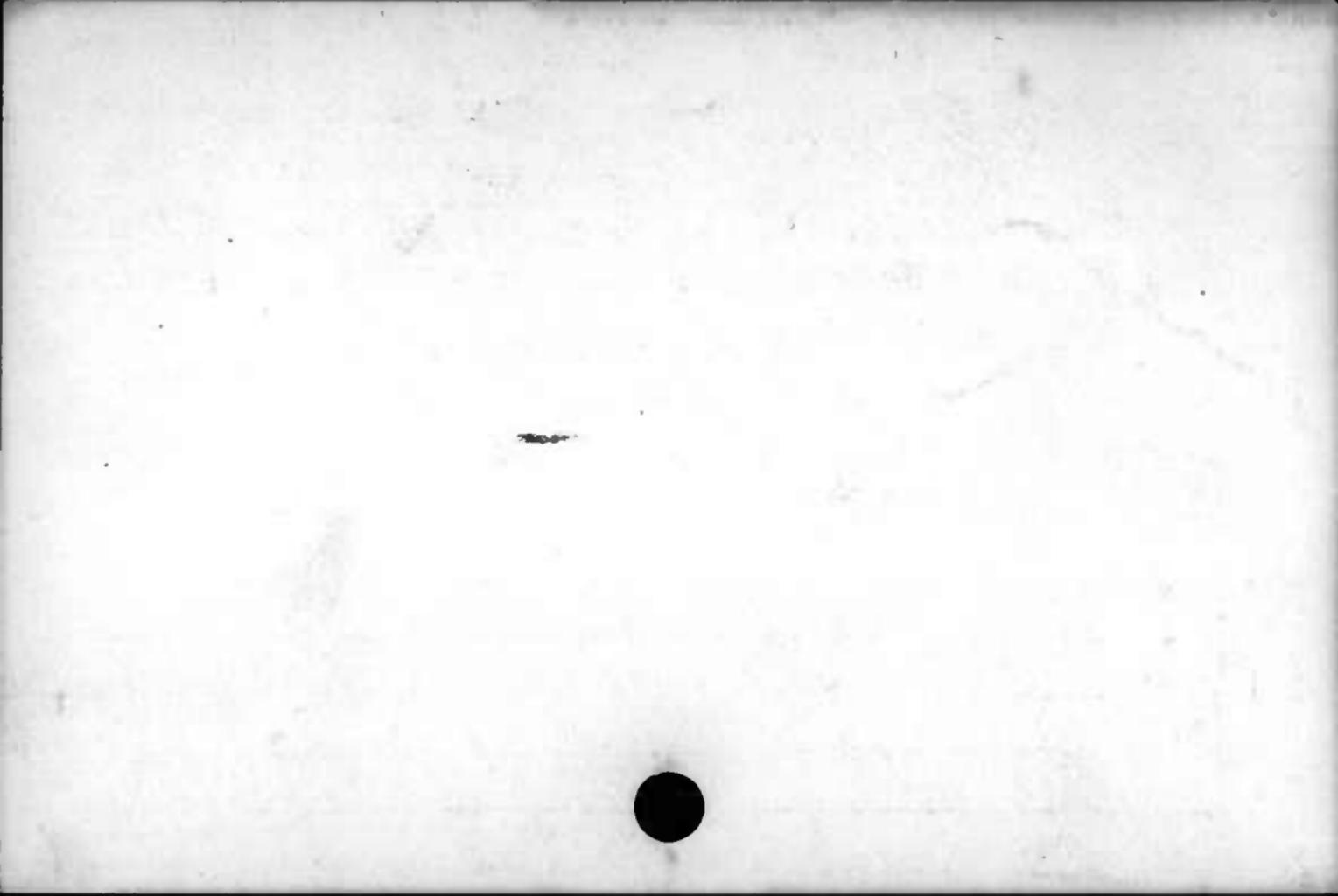
yes

Signature of Physician

Address

C. M. Dyer Funeral Director  
Bagsostown,  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Harry A. Heefner

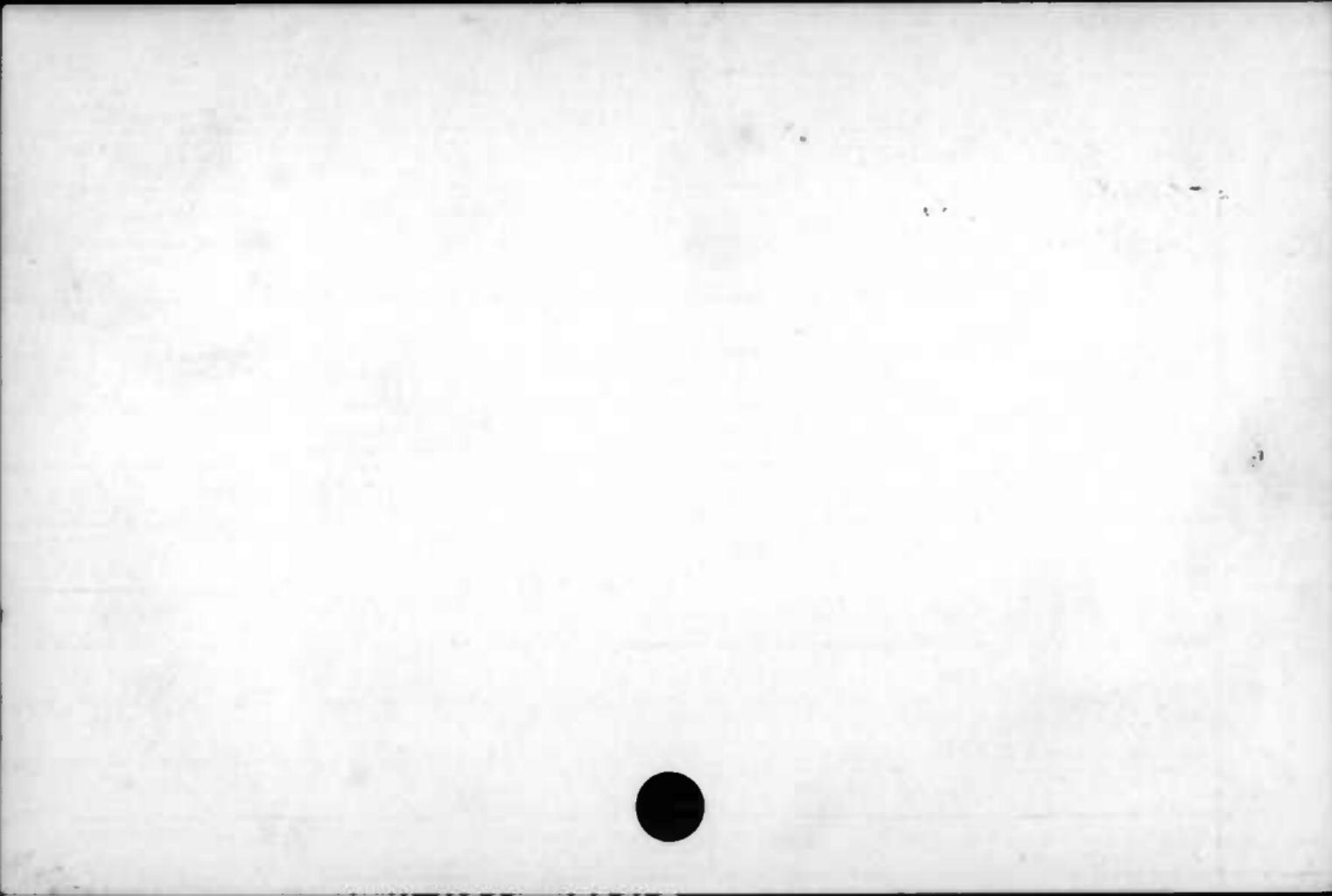
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Occupation	Birth-place	Pa
Married, Single or Widowed	Married	House Dealer			
Name of Wife or Husband	Bertha Snyder				
Father's Name	Peter Kiefer		Father's Birthplace		
Mother's Maiden Name	Elizabeth Hawk		Mother's Birthplace		
Name of person giving Information	Bertha Heefner		How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epithelioma (4)		How long	about 4 yrs
Immediate	Exhaustion		How long	" 1 year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Presley Wilbur	
		Address	Hagerstown Md	
Accident or Suicide?				



Name  
in  
Full

Carl Heneasy

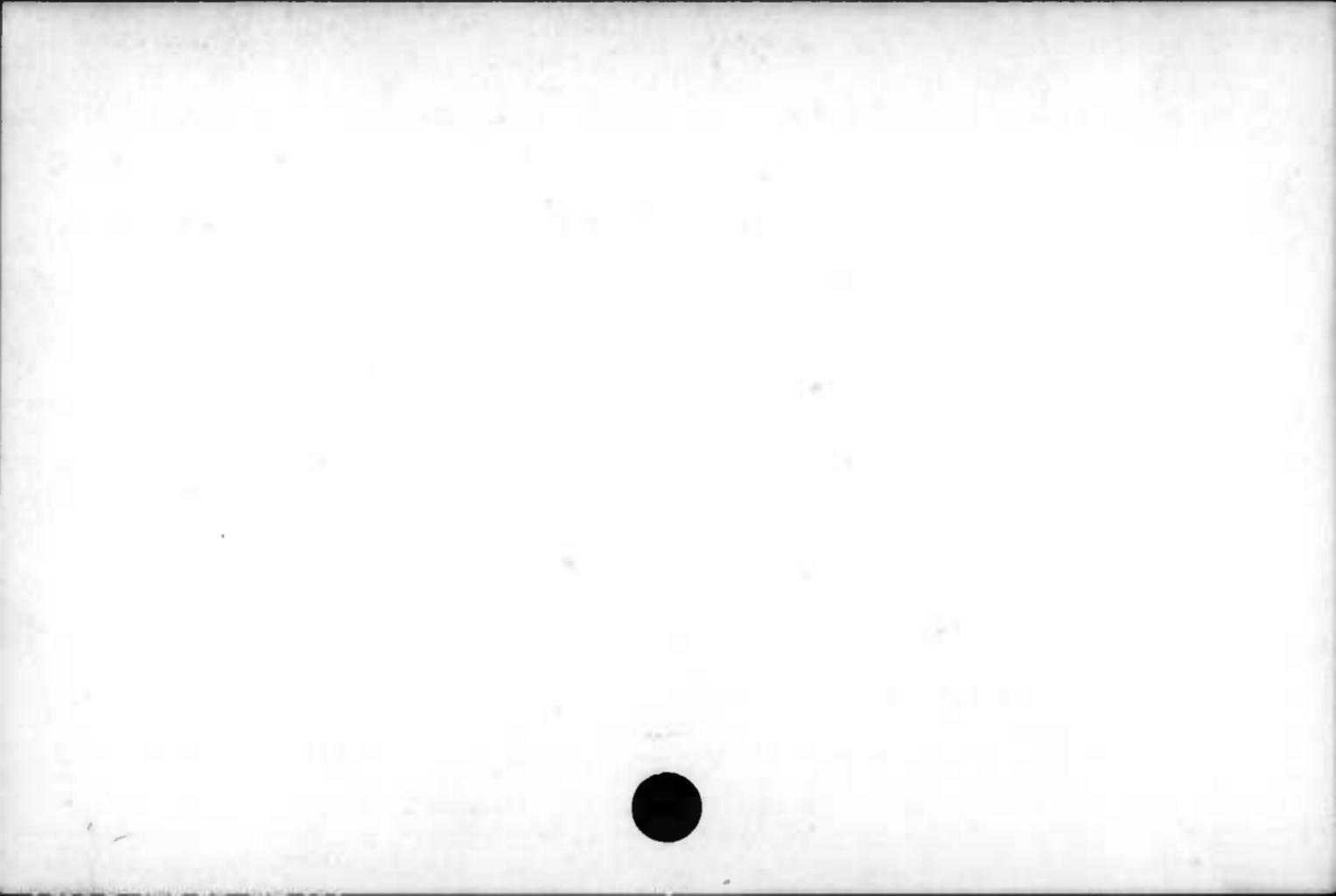
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	male	Color or Race	Age	—	4 23
Married, Single or Widowed	single	Occupation	Birth-place	md.	
Name of Wife or Husband	—	—	—	—	—
Father's Name	Jerry Heneasy		Father's Birthplace	md.	
Mother's Maiden Name	Janie Tedwick		Mother's Birthplace	"	
Name of person giving Information	Jerry Heneasy		How related to deceased	father	

CAUSES OF DEATH

Primary	Acute indigestion	How long	one day
Immediate	Acute indigestion 15	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	Chas. D. Doyle M.D.
Accident or Suicide?			Naguetown, Md.



Name in Full

Certificate of Death

Mary Jane Higdon  
 Town: Westover County: Washington

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

Male

7 19

Age

3

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

William Higdon Mother's  
 Maiden Name Clara Rohback

Cause of

Primary

Malassimilation

How long sick

2 month

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

J. J. Yost, M.D., F.S.I.O.S.

Address

Montgomery,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bessie May Higdon

Town

County

Keep Invt

Washington

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

7

26

Age

3

Male

Widow

Female

Widower

White

Divorced

Colored

Married

Single

Number of children living

Husband  
of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Mother's

Maiden Name

William Higdon Clara Rohrback

How long sick

2 months

Accident, Suicide, Homicide

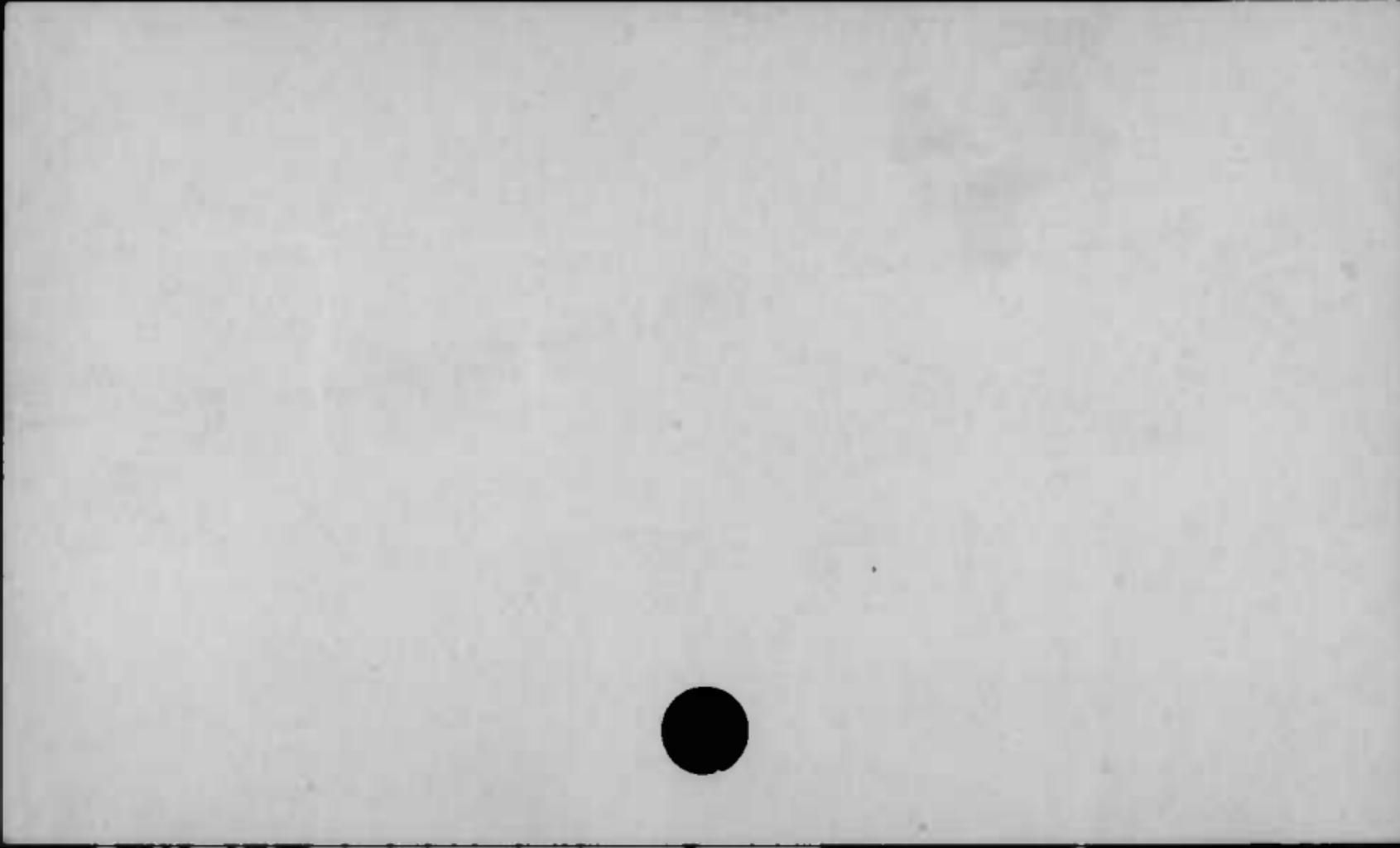
Malnutrition

Inanition [S]

J. T. Fornite, M.D.

Brownsville  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Infant son of Mrs. Lizzie Hoover

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ringgold</u>	Town	County <u>washington</u>	MARYLAND
Date of death <u>1903</u>	Month <u>July</u>	Day <u>20</u>	Years      Months      Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ringgold</u>	
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Concussion of Brain

106

How long

Immediate

Convulsions

How long

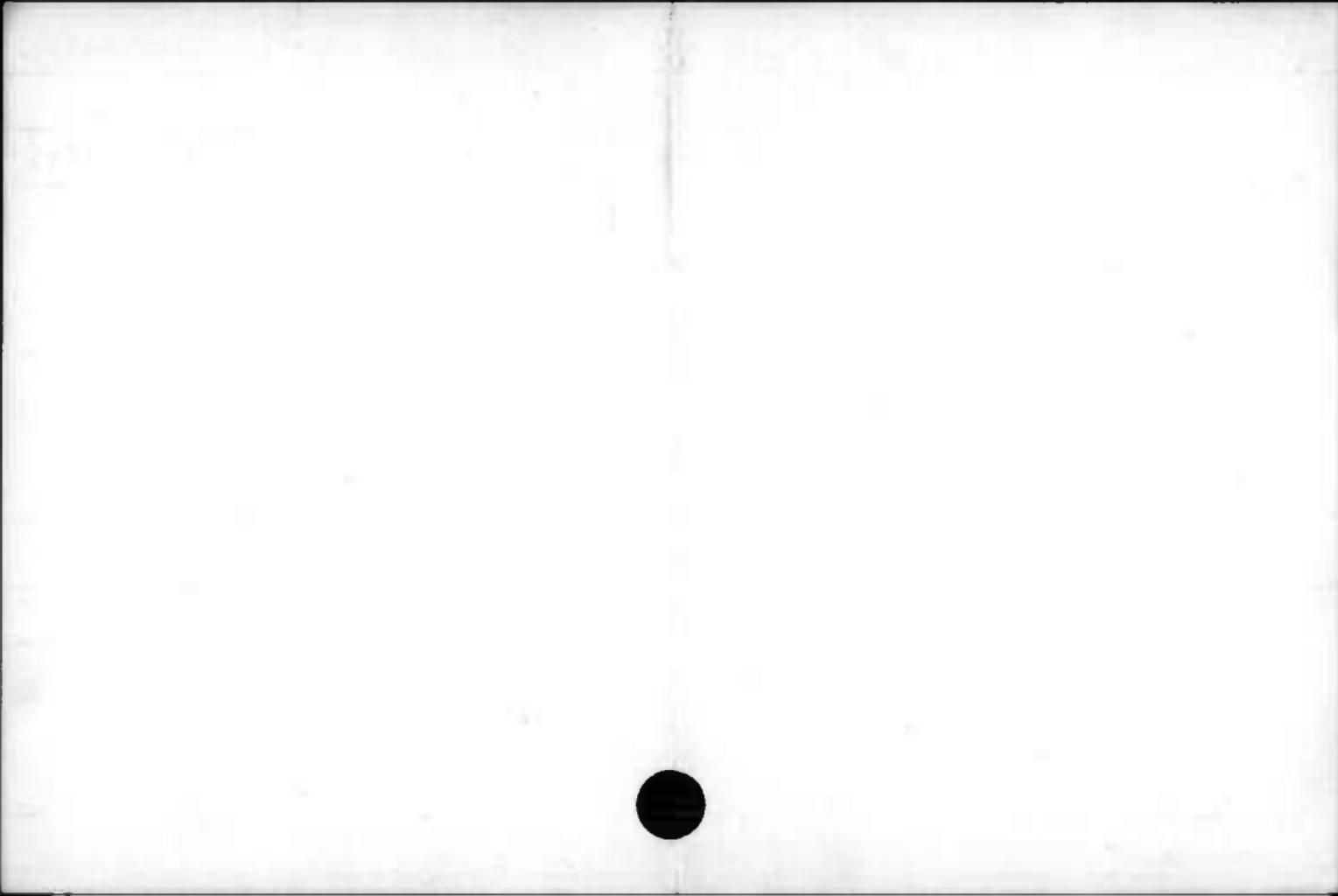
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Amerson  
130 W. Main St.  
Waynesboro Pa

Accident or Suicide?



Name  
in  
Full

Still Born

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Years	Months	Days
Sex	Color or Race	Age	Birth- place	
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	John Houston		Father's Birthplace	Md
Mother's Maiden Name	Hattie Higgins		Mother's Birthplace	Na
Name of person giving Information	Hattie Higgins		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date  
and place correctly given above?

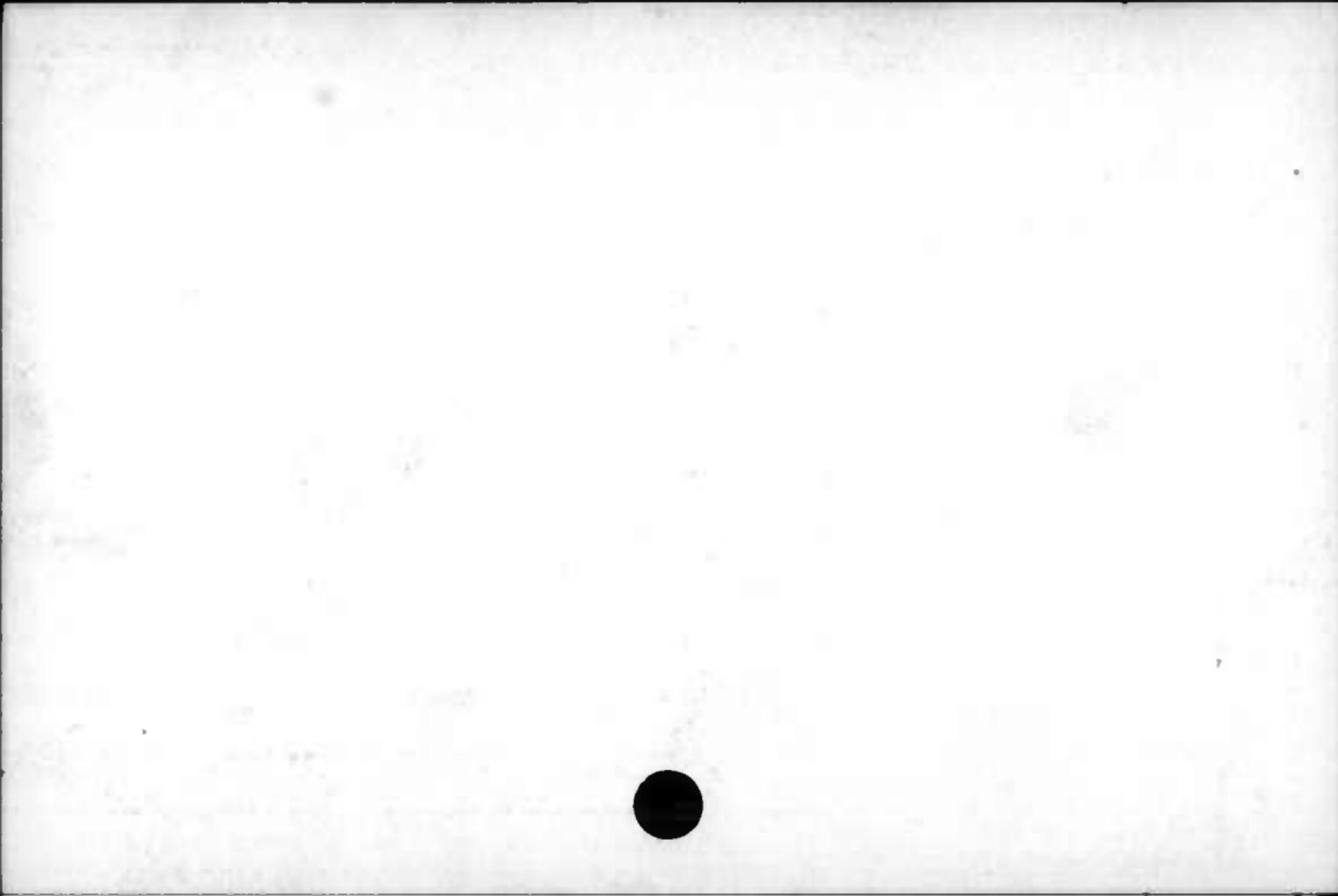
Yes

Signature of  
Physician

Address

A K Coffman  
Hayes town md  
Undertaker

Accident or Suicide?



Name  
in  
Full

Anderson S Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation	Carpenter			
Name of Wife or Husband	Sarah A Hause				
Father's Name	James Jones				
Mother's Maiden Name	Sarah Webb				
Name of person giving Information	John S Jones				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart trouble	How long
Immediate	" "	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	E G Marshall
	Address	849 2nd St. N.W.
Accident or Suicide?		



Name  
in  
Full

Susan A Jones.

CERTIFICATE OF DEATH

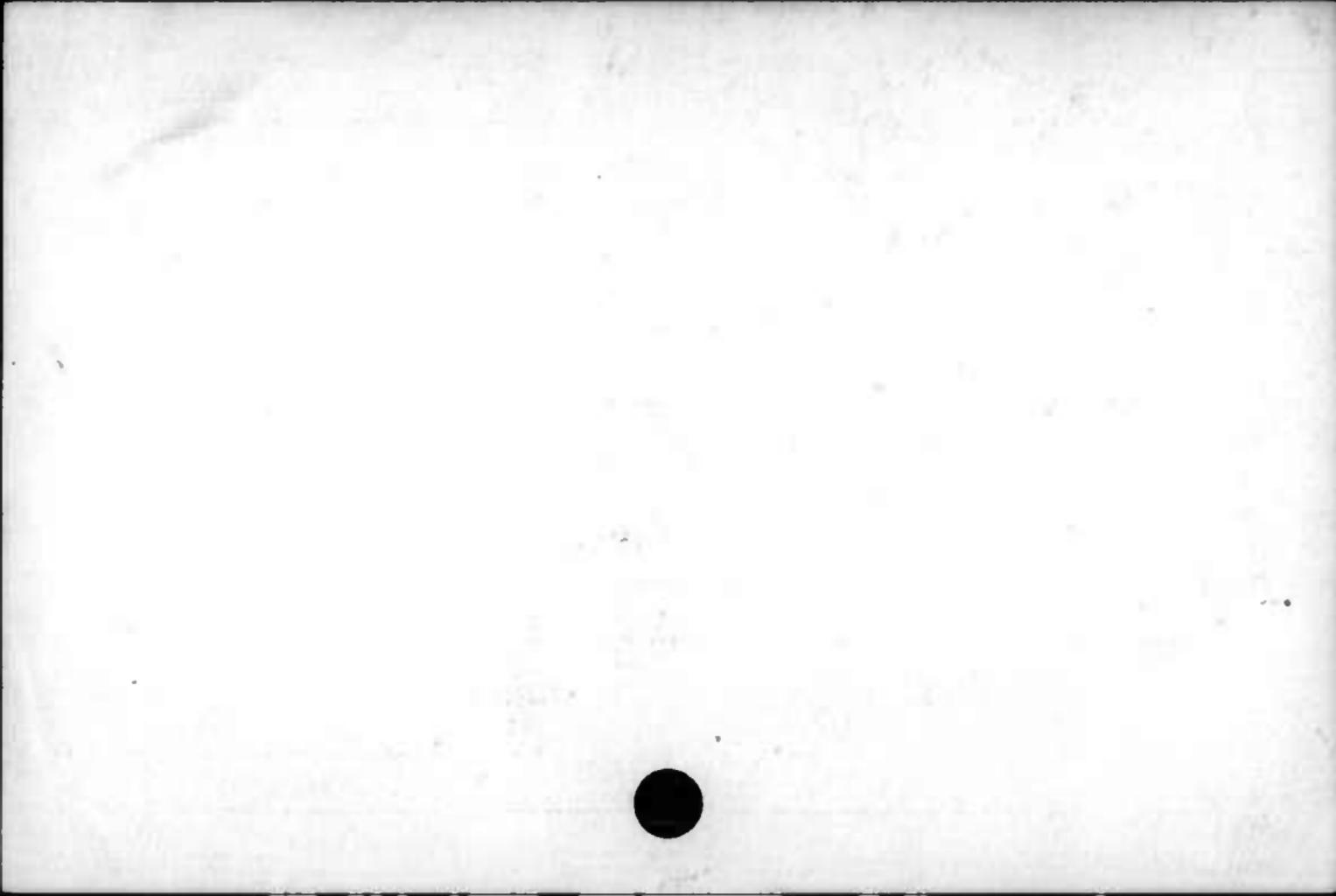
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month July	Day 16	Age 30	Years	Months one
Sex Female	Color or Race White	Occupation Housewife	Days 10	Birth-place Appleton	
Married, S. W. L.					
Name of Wife or Husband George Jones					
Father's Name Christian Easterday				Father's Birthplace	Nash Co
Mother's Maiden Name Angueda Joseph				Mother's Birthplace	" "
Name of person giving information George Jones				How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phtisis -	How long 2 yrs -
Immediate	Gen. Debility	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician S. S. Davis
		Address Boonesboro
Accident or Suicide?		Med



Name  
in  
Full

Ethel May Justice

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND



Died at

Town  
or city

County

MARYLAND

Date

Month

Day

Years

Months

Days

(of death 1903)

Jan

12

0

0

7

Sex

Female

Color or  
Race

Robtstd

Birth-  
place

Ringgold

Occupation

Where Residing if not  
a place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Homer Justice

Father's  
Birthplace

Algemont

Mother's  
Maiden Name

Ellen Addlespange

Mother's  
Birthplace

Ringgold  
home

Name of person giving  
Information

I'm newcomer

Now related  
deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tetanus

How long

4 days sick

Immediate

Tetanus

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

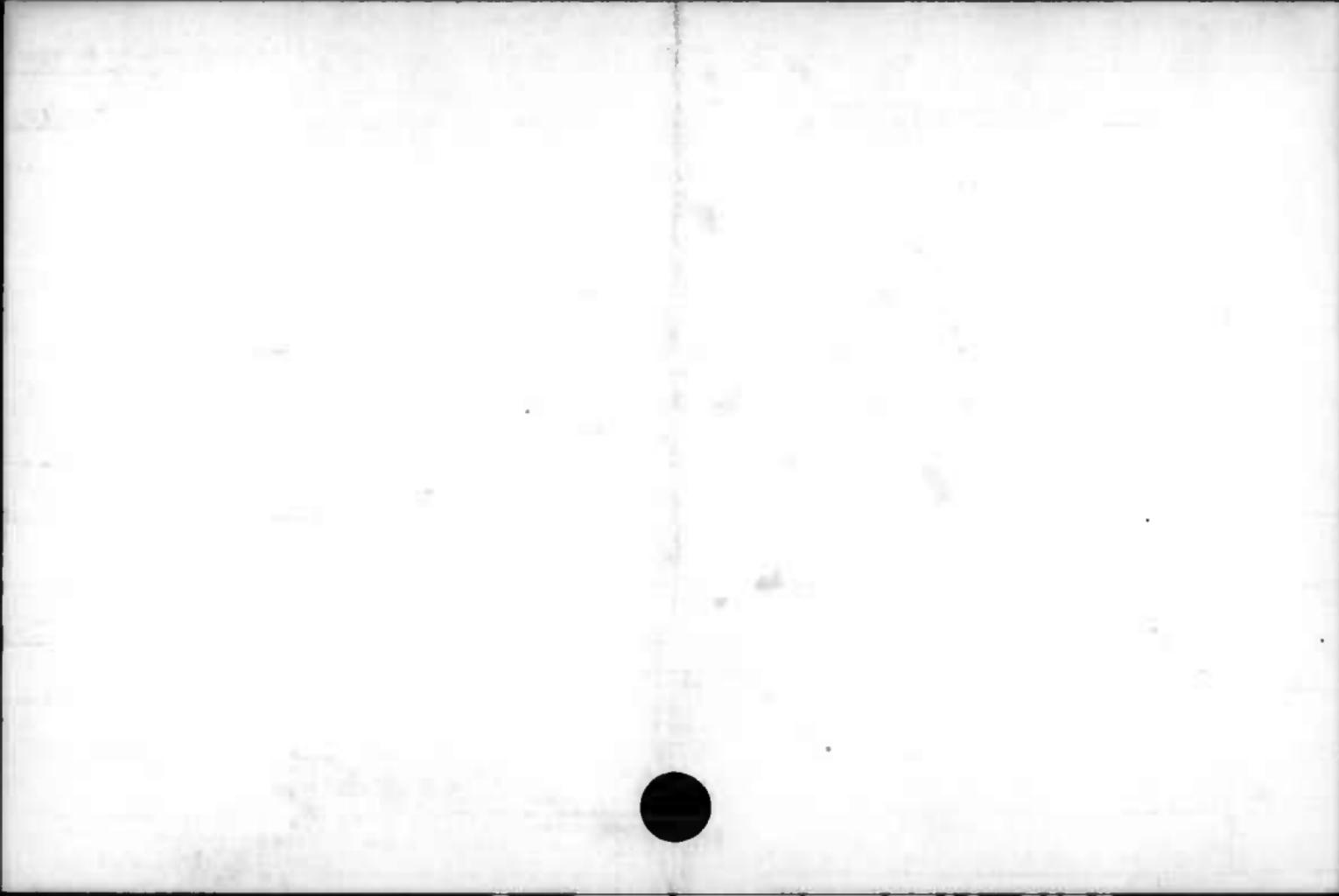
Signature of  
Physician

Address

107 Roons Rd,  
Waynesboro  
Penns

Accident or Suicide?

No



Name  
in  
Full

Sophia E. Keedy

CERTIFICATE OF DEATH

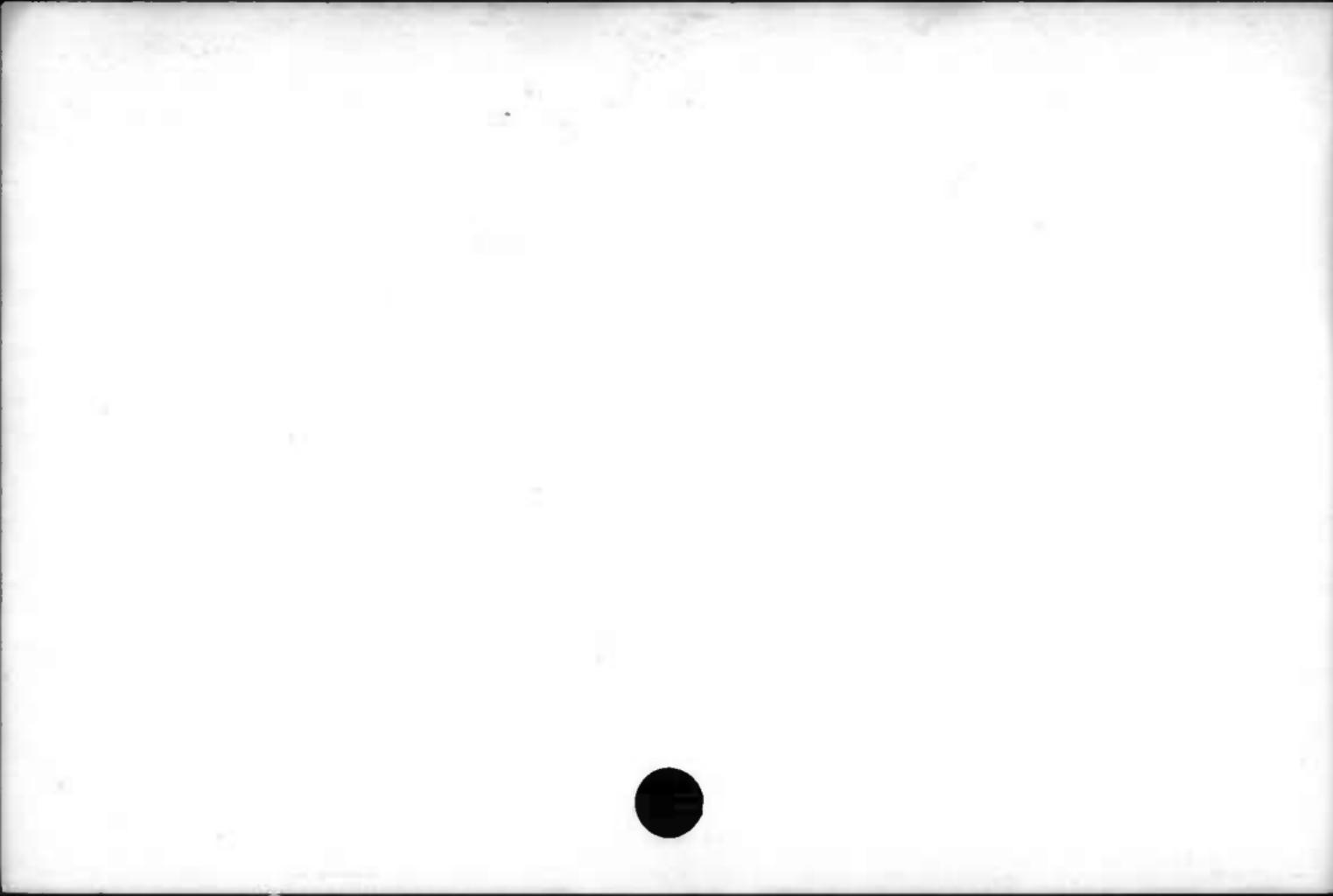
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 3 <sup>rd</sup>	Years 73	Months	Days
Sex Female	Color or Race White	Birth- place Washington Co			
Married, Single or Widowed Married	Occupation				
Name of Husband Joseph E. Keedy-					
Father's Name Samuel C. Lopoff	Father's Birthplace Wash Co				
Mother's Maiden Name Sophia Hufner	Mother's Birthplace Wash Co				
Name of person giving Information Joseph E. Keedy	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Asthma	79	How long	1 hour
Immediate	Cardiac paroxysis -		How long	
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician W.B. Wheeler and Son	Address Berwynsboro Maryland	
Accident or Suicide?				



Name  
in  
Full

Isabella Lawson

CERTIFICATE OF DEATH

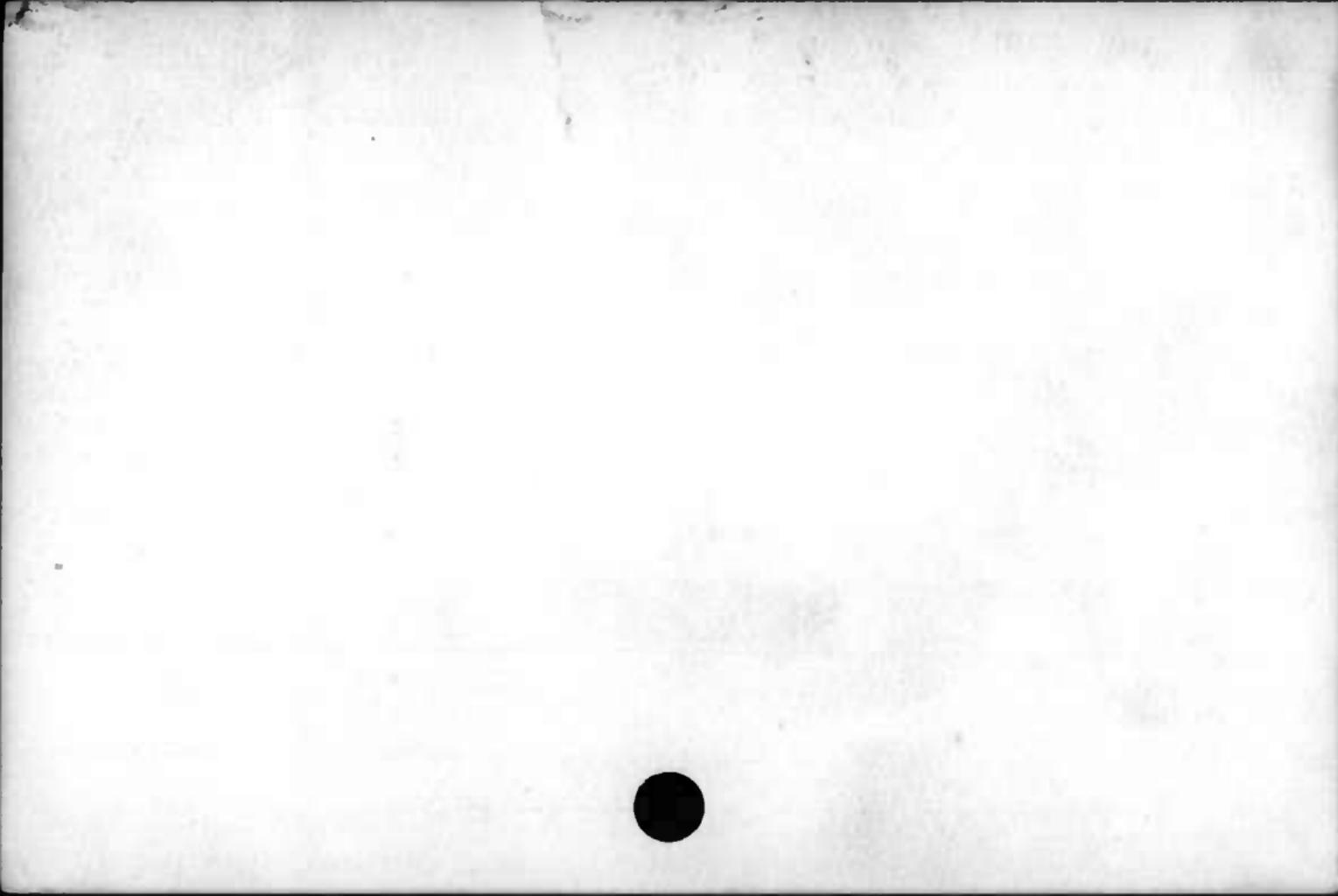
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month July	Day 10	Years 90
Sex female	Color or Race white	Birth-place Md.	Months —
Married, Single or Widowed widow	Occupation H.W.	Days —	
Name of Wife or Husband John Lawson			
Father's Name Wm M. Cardell	Father's Birthplace Md.		
Mother's Maiden Name Margaret Cowles 85	Mother's Birthplace ..		
Name of person giving Information Mrs. Keller	How related to deceased Niece		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Fracture of neck of femur	How long Not	About three years ago.
Immediate Renal, intestinal & gastric hemorrhage	How long	About one week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J.W. Hutchinson	
Yes	Address	Hagerstown, Md.
Accident or Suicide? —		



Lewis J. Leecrown			
Town	County		
Leitersburg		Washington MARYLAND	
Died at	Month	Day	Y.
Date 1903	July	17	Age 69
Male	M.	D.	Native of
Female	Widow	Divorced	Occupation
	Married	Single	Penna, Hammeis
	White	Colored	Number of children living
Husband of	Barbara b. Leecrown		
Wife	Sam'l. Leecrown		
Father's Name	Mother's Maiden Name		Mary Dilihurst
Cause of Death	Primary	Bronchitis	How long sick
	Immediate	Pericarditis	7 weeks
Death	Accident, Suicide, Homicide		
Reported by	J. A. Wishard M.D.		
Address	Leitersburg Maryland		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ella Malone

Died at **Eakles Mill** County **Washington** MARYLAND

Died at	Town	Month	Day	Age	Y	M.	D.	Native of	Occupation
Date 1903	<b>Eakles Mill</b>	<b>7</b>	<b>19</b>	<b>33</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>mds</b>	<b>Domestic</b>
Female	Colored				White				Number of children living

Husband of  
**W.H.**

Father's Name **Benj Malone** Mother's Maiden Name **Ellen Keets**

Cause of Death Primary **Do not know** How long sick **5 months**

Immediate **Tuberculosis** Incident, Suicide, Homicide

Reported by **H. M. Nihiser**

Address **Keadyville Md** [Redacted] 27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs Mary Malone

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 16	Years 63	Months	Days
Sex female	Color or Race white	Occupation widow	Birth-place Ireland		
Married, Single or Widowed			Hed W.		
Name of Wife or Husband	Hugh Malone				
Father's Name	Patrick Kelly		Father's Birthplace Ireland		
Mother's Maiden Name	Sarah Mooney		Mother's Birthplace "		
Name of person giving Information	Bessie Malone		How related to deceased daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis -

How long

immediate

Exhaustion

How long

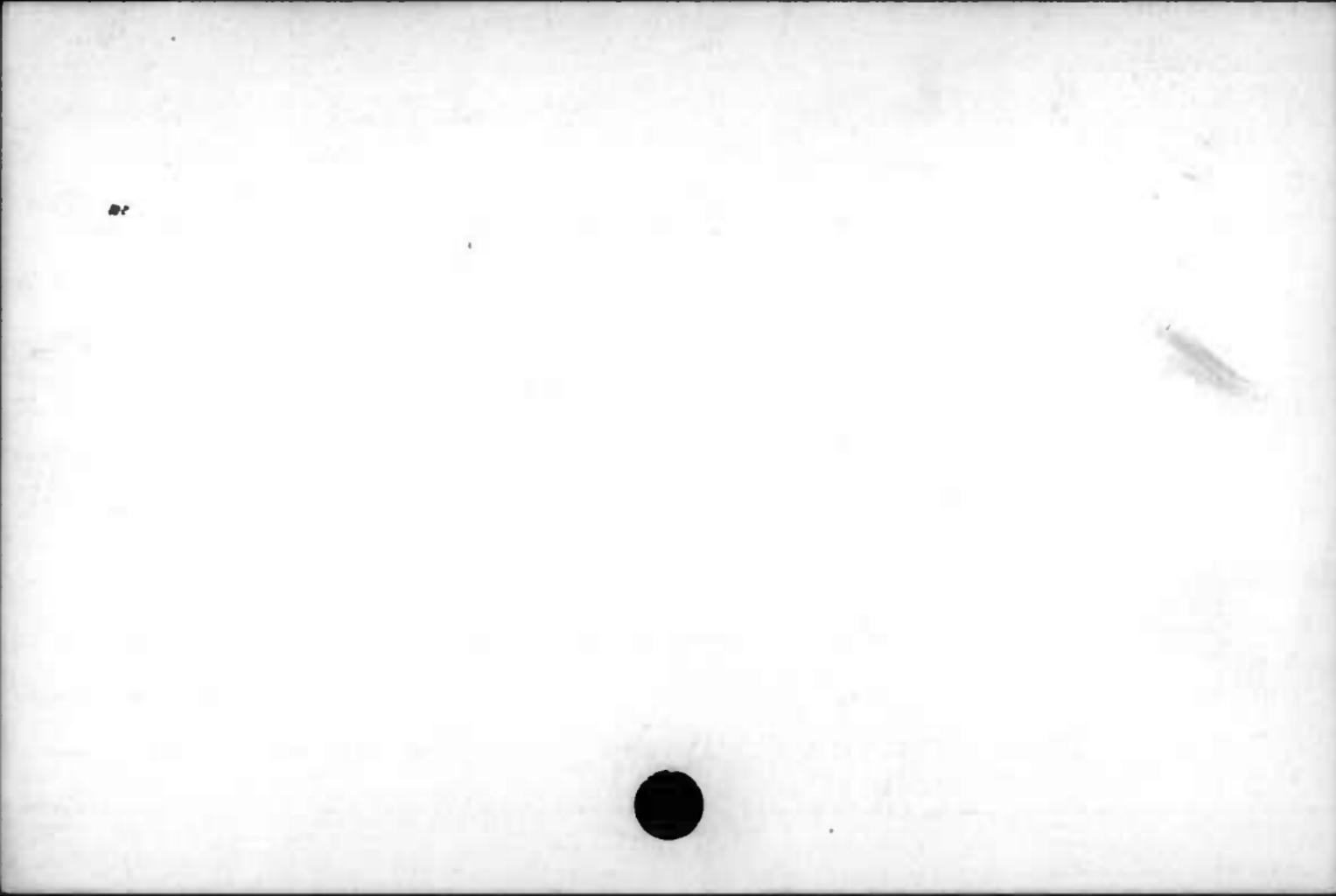
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E.C. Haileman

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Years	Days
Sex	Color or Race	Age	Months
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Father's Birthplace		
Mother's Maiden Name	Katey Mills	05	Md.
Name of person giving Information	Mother's Birthplace		
How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infantum

How long

6 days

Immediate

"

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

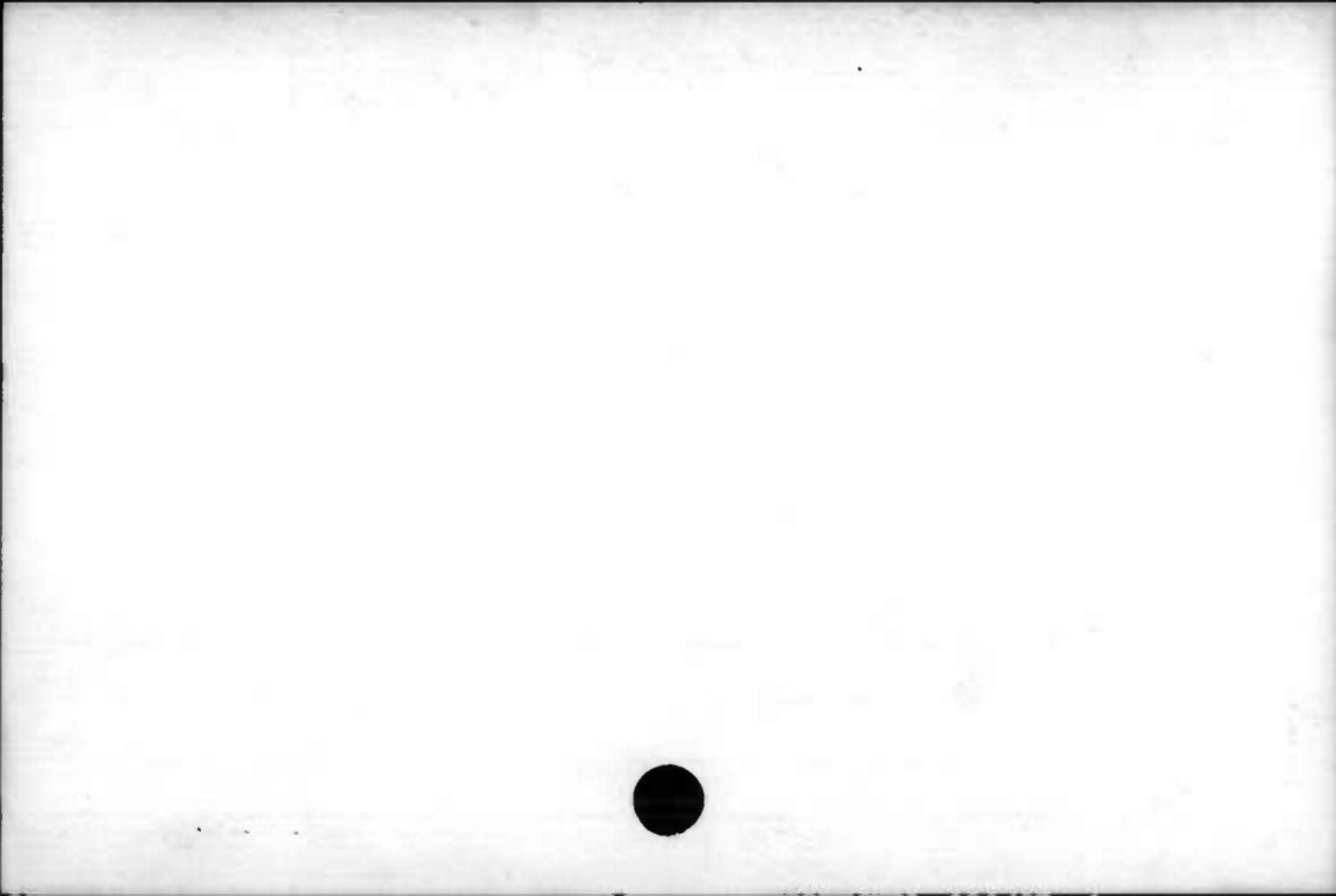
Yrs

Signature of  
Physician

Address

Mr. H. C. Hosty  
Clearspring, Ind.

Accident or Suicide?



Name in Full

Certificate of Death

Joseph Masters

Town

County

Died at

MARYLAND

Edgewater Reservoir Park.

Date 1903

Month

Day

Y.

M.

D.

Native of

Ind

Occupation

Laborer

Male

Age 34

5

12

Widow

Divorced

Female

White

Married

Widower

Colored

Single

Number of children living

4

Husband of

Renie Stoups

Father's Name

George Martin

Mother's Name

Catherine Fulton

Cause of

How long sick

Death

Immediate

drowning

172

Accident, ~~Stroke, Hemorrhage~~

Reported by

Dr. J. M. Stack

Address

Antrimburg

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Clement W. Mayhew

Town

County

Died at

Hagerstown Washington

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

7 18

Age

69

2

11

Pa

Widow

Divorced

Male

White

Married

Female

Colored

Single

Widower

Number of children living

4

Husband of

Frances Mayhew

Wife

Father's

Name

John Mayhew Oteleua Swegish

Mother's

Maiden Name

Cause of

Primary

Crash Colic

How long sick

5 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. E. Pittsogle M.D.

Hagerstown  
Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sophia Mentzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month 7 <sup>th</sup>	Day 5 <sup>th</sup>	Years 78	Months 3	Days 21
Sex Female	Color or Race white	Occupation House wife	Birth- place Foyville		
Married, Single or Widowed Widowed					
Name of Wife or Husband Jacob Mentzer					
Father's Name Jacob Ridemour			Father's Birthplace		
Mother's Maiden Name Elizabeth Flory			Mother's Birthplace		
Name of person giving Information Laura Dunn			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General debility

How long

One year

Immediate

154

How long

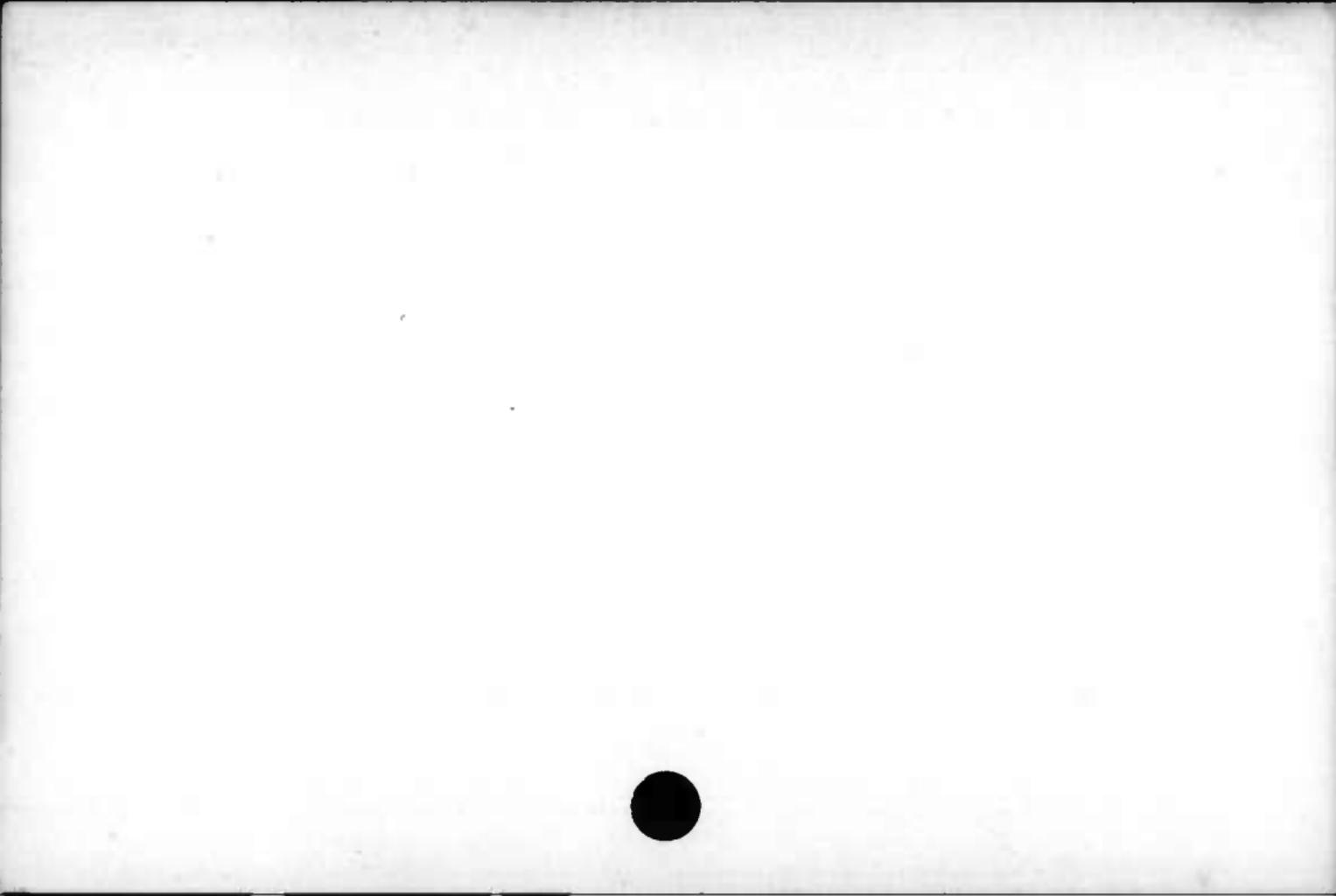
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

None in attendance

Accident or Suicide?



Name in Full

Richard Elwood Moot

Certificate of Death

MOAT

Died at

Town

Hancock

County

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1909

July 18

Age

10 days

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Mrs Clara Moot

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cholera Infarction

How long sick

Death

Immediate

Two Days

Accident, Suicide, Homicide

Reported by

J. E. Sliger

105

Address

Hancock, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Catharine V. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3 July	3	—	Age	10	—
Sex	Color or Race	white	Occupation	Birth-place	Md.
Female	white	Child.	single	Married, Single or Widowed	—
Name of Wife or Husband	—	—	—	Father's Birthplace	Md.
Father's Name	Ullon C. Moore	—	—	Mother's Birthplace	"
Mother's Maiden Name	Ida V. Tedwick	—	—	How related to deceased	Father.
Name of person giving Information	W.C. Moore	—	—		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Stomach trouble	How long
Immediate	Convulsions	How long
Are the name, age, sex, color, date and place correctly given above?	✓	Signature of Physician Address
Accident or Suicide?	✓	E.D. Moore com Baywood Rd

~~8510~~

Name  
in  
Full

Jennie Elizabeth Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 7	Day — 29	Years 1
Sex	Color or Race	Occupation	Birth-place Finkerton
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name	Samuel W. Moore		
Mother's Maiden Name	Lobby Harahorn		
Name of person giving information			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary 105 How long

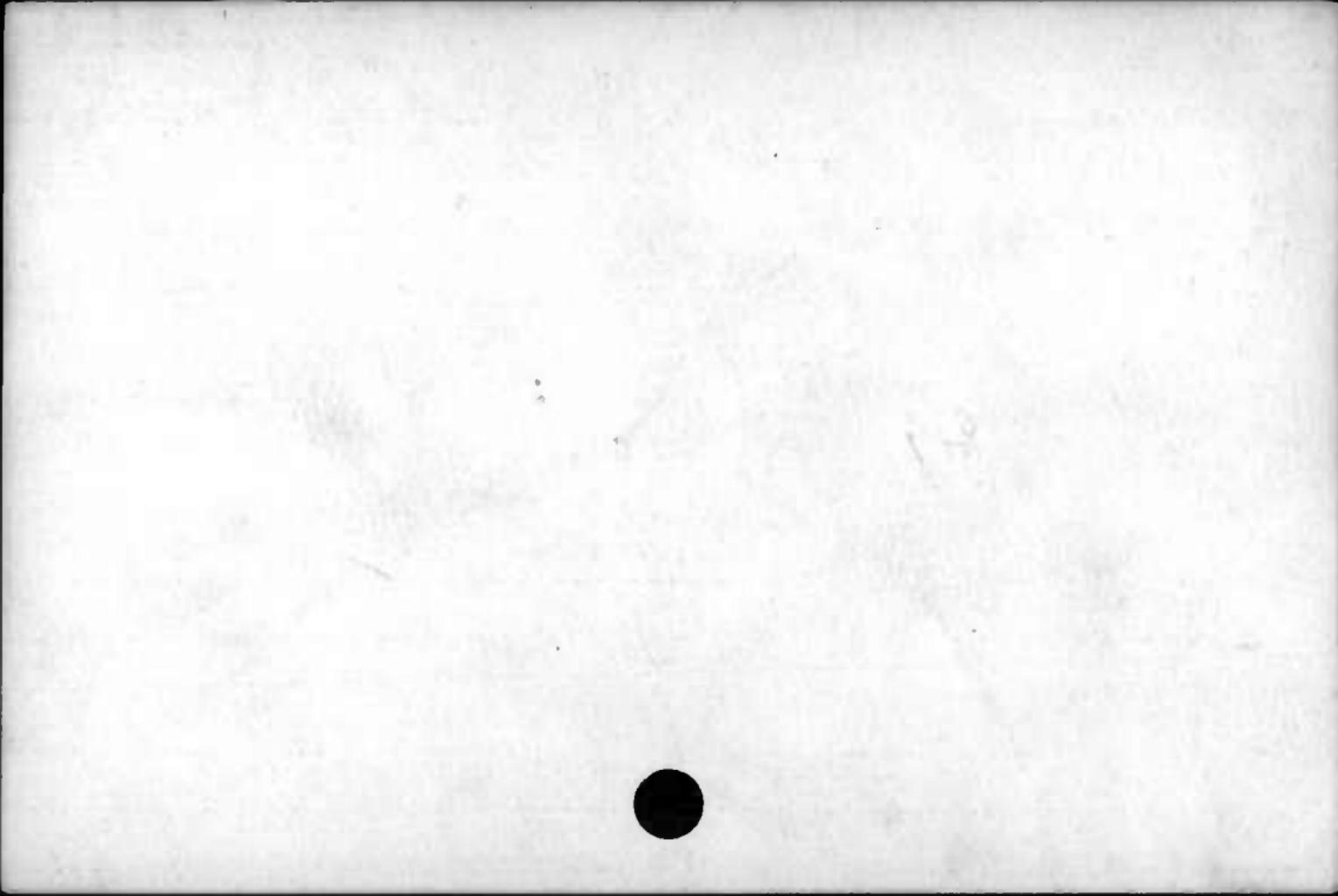
Immediate Choler, Typhoid fever How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Le Moxley				CERTIFICATE OF DEATH		
Town	Hagerstown			County	Washington	
Died at	Month	Day	Years	Months	MARYLAND	
Date of death 190	3 July	6	Age 34	3	Days 2	
Sex Female	Color or Race Black	Birth-place Ora				
Married, Single or Widowed Married	Occupation Housewife					
Name of Wife or Husband Melcher Moxley						
Father's Name Levi Johnson	Father's Birthplace Ora					
Mother's Maiden Name Loresia Stevenson	Mother's Birthplace Ora					
Name of person giving information Loresia Stevenson	How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Consumption	How long 2 years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?  no Physician employed	Signature of Physician L. M. Watkins
Address	Under taken
Accident or Suicide?	Hagerstown Md

o  
o  
o

}



*Nelson*

Died at Banc Hook Town Washington County MARYLAND

Died at	<u>Banc Hook</u>	Month	Day	Y.	M.	D.	Native of	Occupation
Date	<u>1903</u>	<u>July</u>	<u>25</u>	<u>1</u>	<u>mos</u>			
	Male	White	Married	Widow	Divorced			
	<del>Father</del>	Colored	Single	Widower	Number of children living			

Husband  
of

Wife

Father's  
Name

Wm Nelson Jr

Mother's  
Name

Lemire A Nelson

Cause of

Primary

Dentition

How long sick

Brain Fever

Two days

Death

Immediate

Accident, Suicide, Homicide

Reported by

B.B. Ranson b1

Address

Harkers Ferry

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.



Name  
in  
Full

Maria Roth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month July	Day 20	Age 85	Years Months Days
Sex Female	Color or Race white	Occupation Housewife	Birth-place Pa	
Married, Single or Widowed Widow	Name of Wife or Husband Daniel Roth			
Father's Name Abram Shupp	Mother's Maiden Name Nancy Coffman			Father's Birthplace Pa
Name of person giving information Abram Roth				Mother's Birthplace Pa
				How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis		How long 4 days
Immediate	Exhaustion		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Gantz Bros. Undertakers
		Address	Olea Spring
Accident or Suicide?			



Rest named - Row

Died	Town	County		MARYLAND	
Dec 1903	Bear Headsville	Washington			
	Month	Day	D.	Native of	Occupation
	7	8	11 hours	Md	
	White	Age	Widow	Deceased	
	Colored	Sex	Widower	Number of children living	
	Female	Sing			

Wife

Father's  
Name

William Row

Mother's  
Maiden Name

Annie Kountz

How long sick

Cause of

Primary

Death

Immediate

Respiratory Insufficiency

Accident, Suicide, Homicide

Reported by

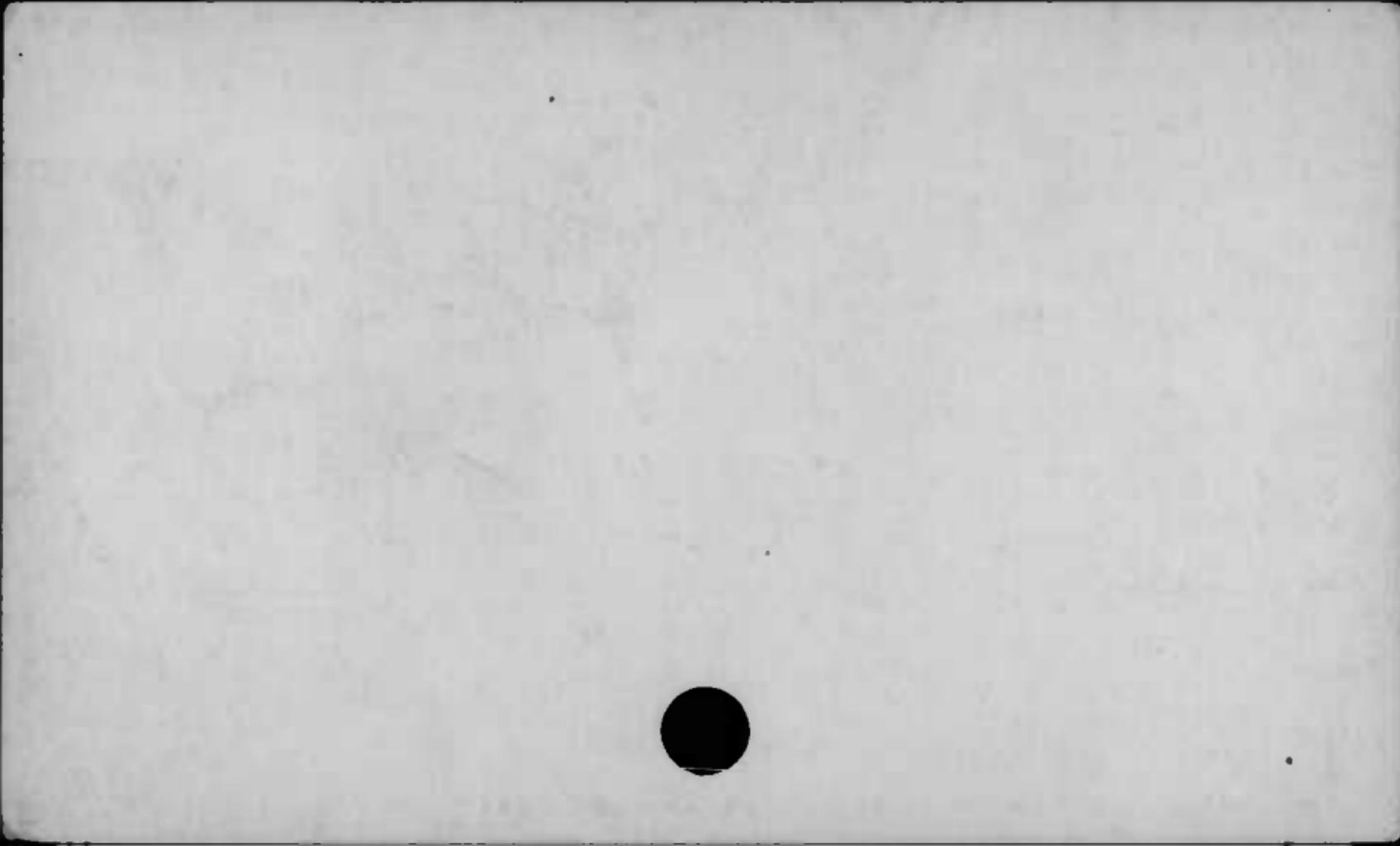
W.M. Tibbles

79

Address

Headsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Marcie Katherine Russell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	<u>Frederick S</u>		Father's Birthplace	Da	
Father's Name	<u>Frederick S Russell</u>		Mother's Birthplace	Da	
Mother's Maiden Name	<u>Minnie E Pike</u>		How related to deceased	Father	
Name of person giving information	<u>Frederick Russell</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Inanition	DS	How long	2 mos.
	Immediate	Acute Gastro-Enteric Infection		How long	36 hours.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	<u>Protaganau</u>	
			Address	<u>Hagerstown, Md.</u>	
Accident or Suicide? _____					

18.75% - 100.00%

12.5

100

25

0

0

Name  
in  
Full

Mrs. Ellen S. Schriver

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month July	Day 17	Years Age 62	Months 10	Days 17
Sex female	Color or Race white	Birth-place Md.			
Married, Single or Widowed married	Occupation 18. W.				
Name of Wife or Husband Henry Schriver	Father's Birthplace	Md.			
Father's Name Henry Stonebraker	Mother's Birthplace	"			
Mother's Maiden Name Angelica Pench	How related to deceased	husband.			
Name of person giving information Henry Schriver					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Epilepsy

How long

Immediate

Hemiplegia R. S.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

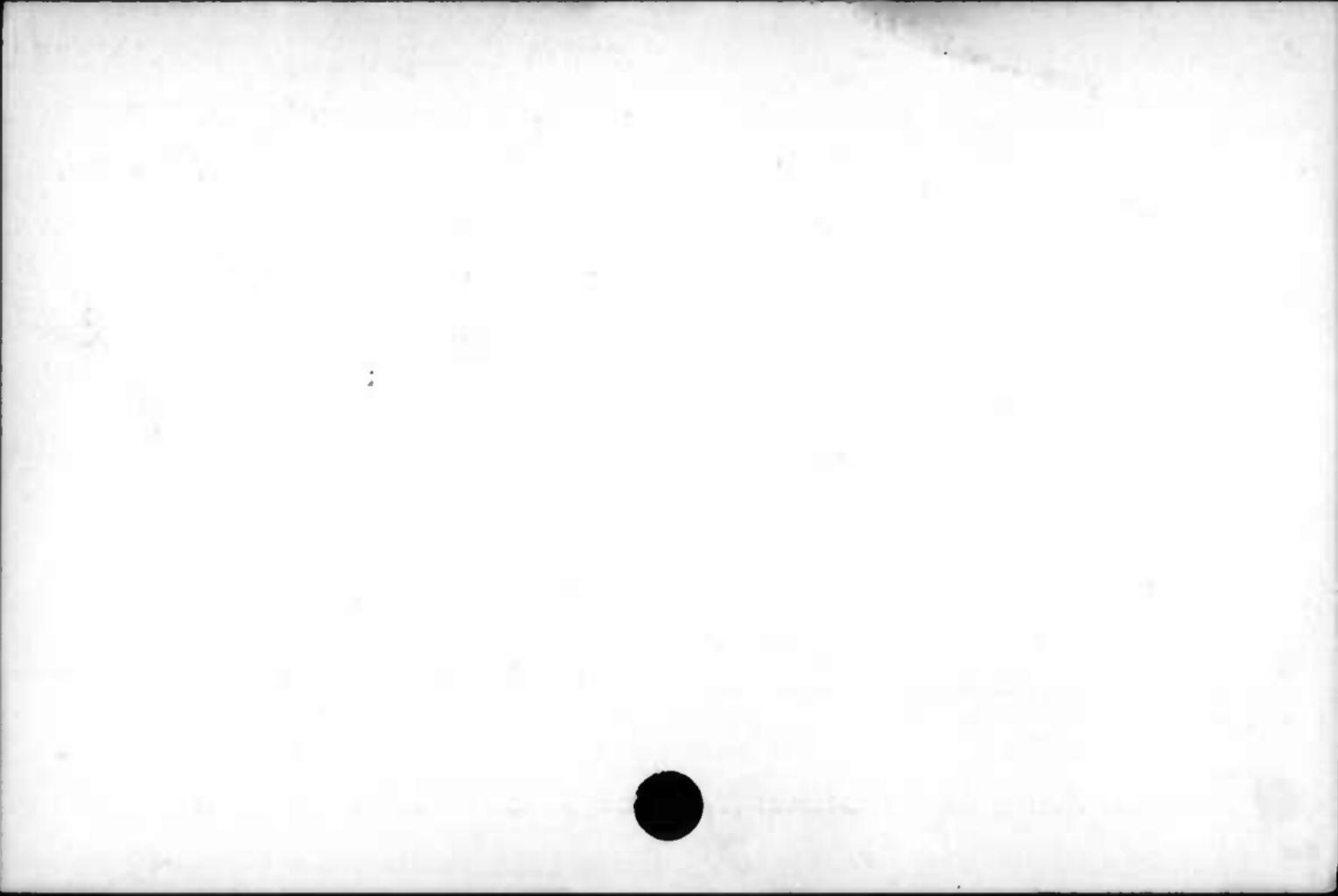
Address

J. M. Simmons M.D.

Hagerstown  
Maryland

Accident or Suicide?

No



Name in Full

Certificate of Death

Charles E Shadrach

Roxbury Washington County MARYLAND

Died at <sup>Town</sup>  
1903 <sup>Month</sup> July <sup>Day</sup> 27 | <sup>Y.</sup> 38 <sup>M.</sup> 27 <sup>D.</sup> Native of ~~Carey~~ Occupation  
 Date of death <sup>to</sup> Age <sup>at time of death</sup> <sup>to</sup> Washington Manager  
 Male White Married Widower Divorced  
 Female Colored Single Widower Number of children living Three

Husband of Amanda Shadrach  
 Wife ~~Amanda Shadrach~~  
 Father's Name Michael Shadrach Mother's Name Sophie <sup>Rosie</sup> Shadrach  
 Cause of Death Primary Smallowing Poison How long sick One hour <sup>to</sup> ~~to~~  
 Death Immediate Corrosive Action of Acid <sup>to</sup> ~~to~~ Accident, Suicide, Homicide <sup>X</sup>

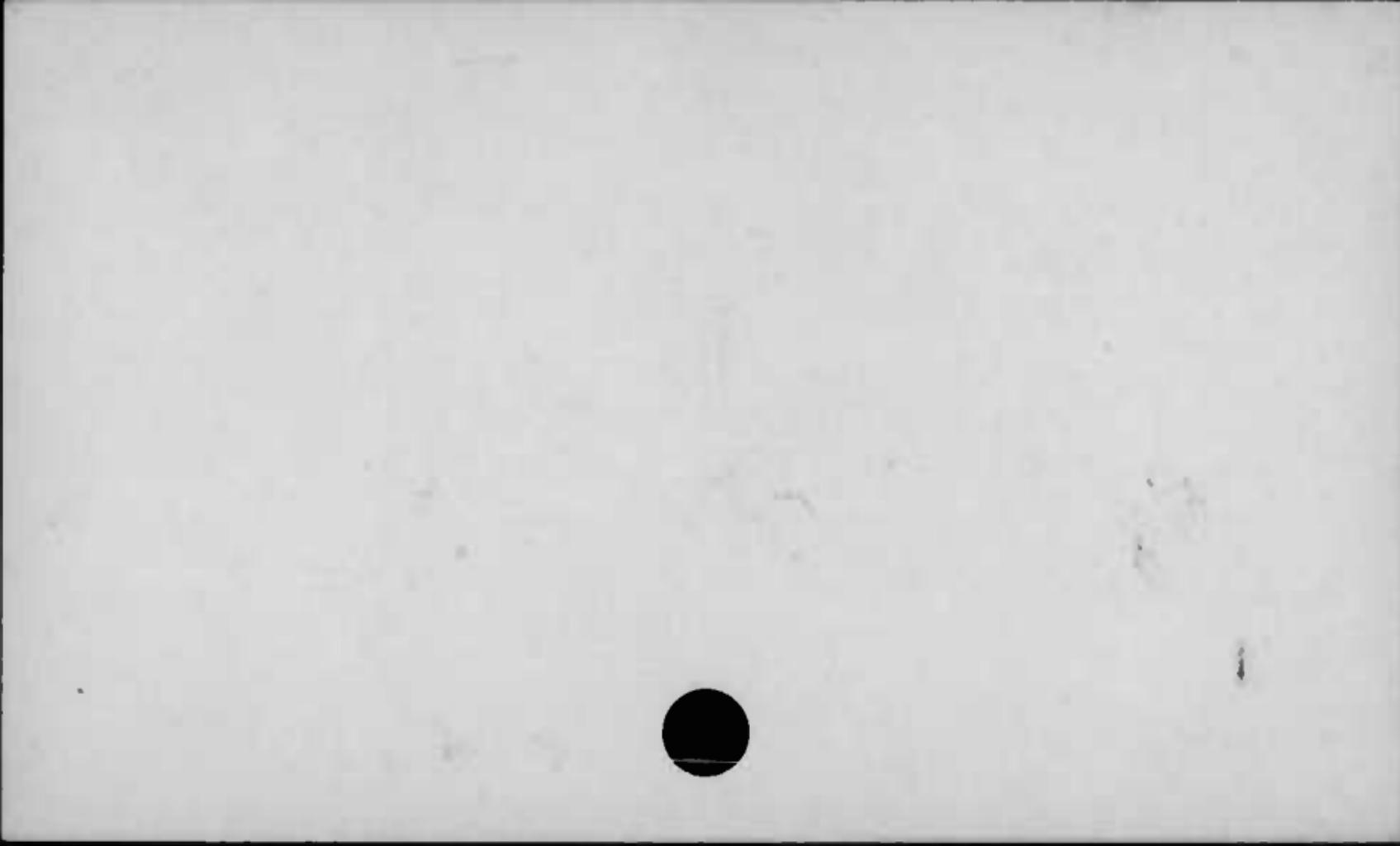
Reported by

A.G. Lovell M.D.

Address

Benedicta  Md 155

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

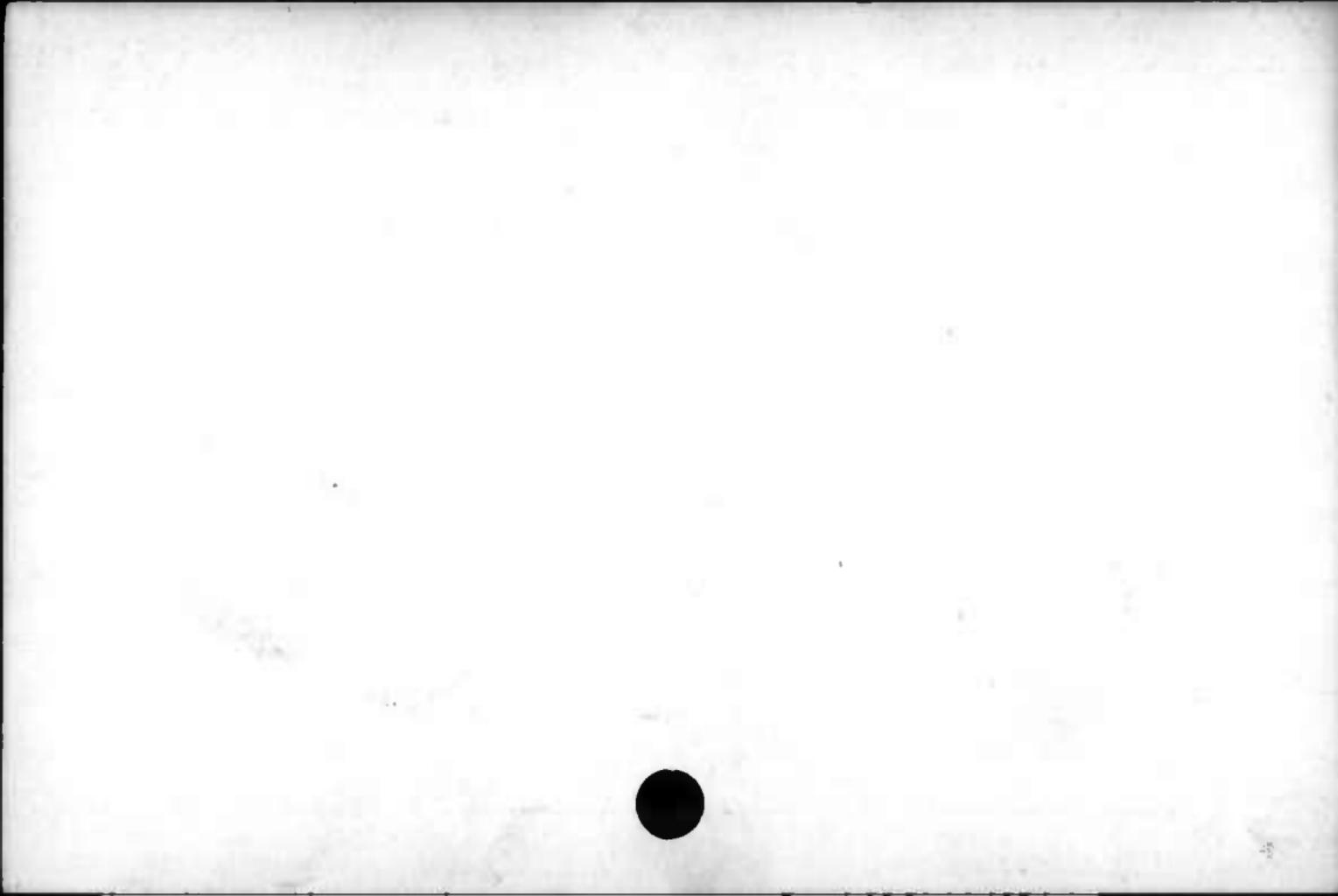
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
3	July	14	Age 62	-	-	
Sex	Male	Color or Race	White	Birth-place	Md	
Married, Single or Widowed	Widowed	Occupation	Machine Agent			
Name of Wife or Husband						
Father's Name	Lerine Snallwood					
Mother's Maiden Name	Angie Perry					
Name of person giving Information	Peter Snallwood					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Myelitis	How long	1 yr
	Immediate	Exhaustion	How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Compulsive Miller	
		Address	Aggression Act	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

February 1908						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death 1908	Month	Day	Years	Age	Months	Days	
Sex Male	Color or Race White	Occupation Laborer		Birth-place Hancock			
Married, Single or Widowed							
Name of Wife or Husband	Don't Know						
Father's Name	Don't Know				Father's Birthplace		
Mother's Maiden Name	"				Mother's Birthplace		
Name of person giving Information	Mrs Hager				How related to deceased Wm		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

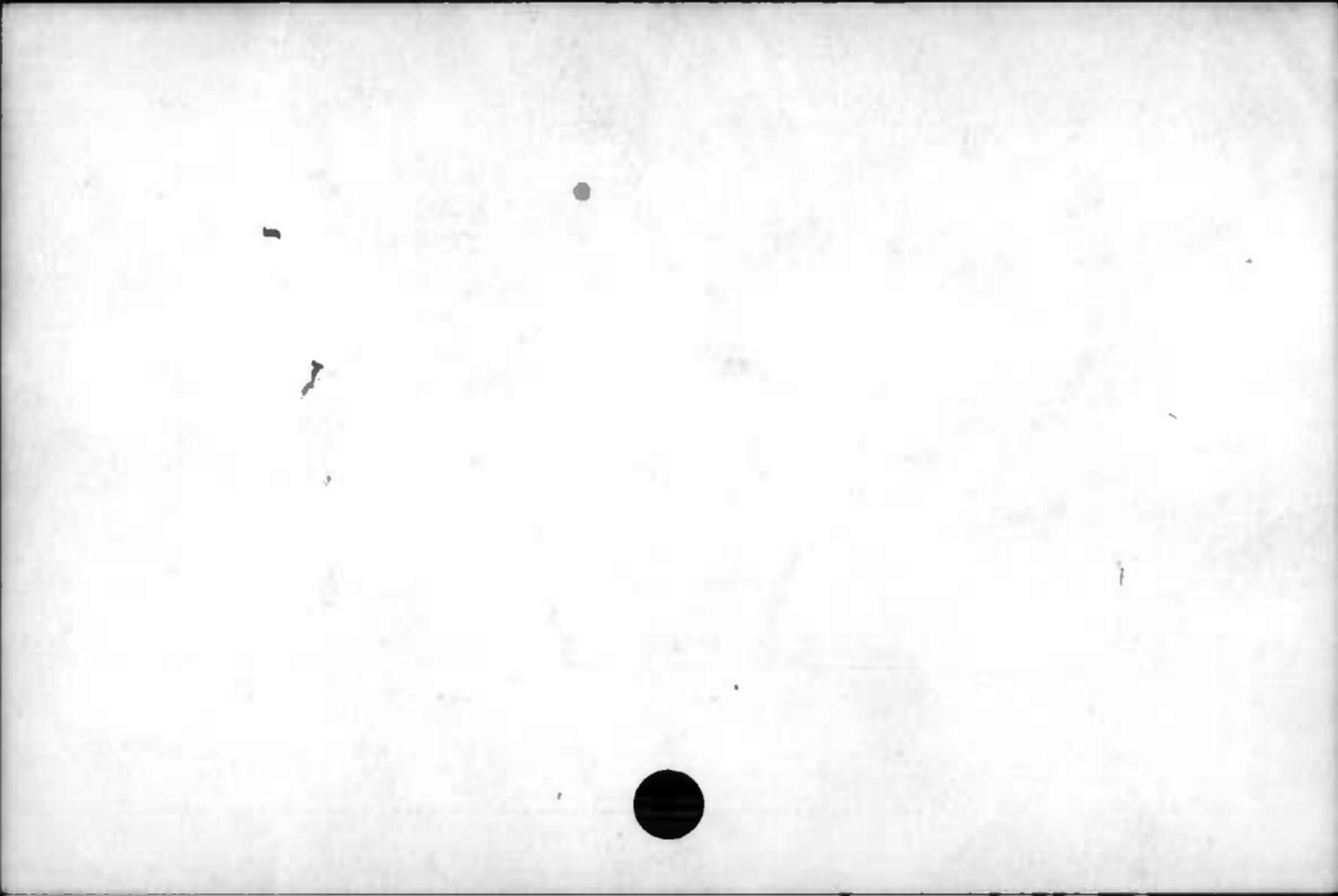
Yes.

Signature of Physician

Address

W. B. Morrison  
Hagerstown Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Elisabeth Smith				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1903	Month 7	Day 21	Years 70	Months 10	Days 8	
Sex Female	Color or Race White	Birth-place Elkhmont				
Married, Single or Widowed Widow	Occupation					
Name of Wife or Husband Solomon Smith						
Father's Name Elias Moats	Father's Birthplace					
Mother's Maiden Name Rebecca Masburg	Mother's Birthplace					
Name of person giving Information Mrs. Jobs	How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile Dilatation  
of the heart

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

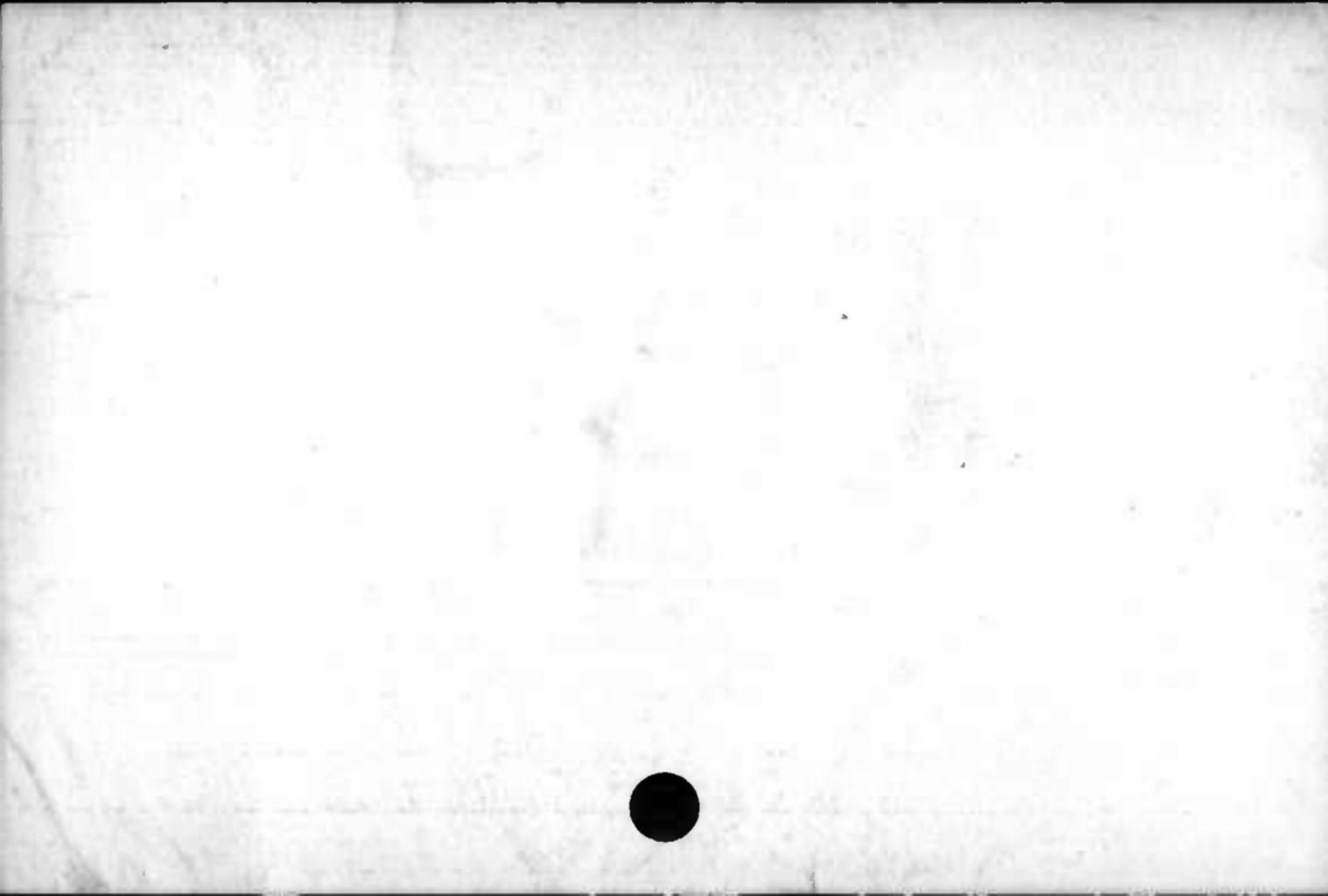
Yes

Signature of  
Physician

Address

L.W. Reichard  
Fairplay  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903	Month 7	Day 6	Years Age	Months		Days	
Sex Female	Color or Race white	Occupation		Birth- place		to	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name Samuel Snyder					Father's Birthplace		
Mother's Maiden Name Erie Stitzell					Mother's Birthplace		
Name of person giving Information Father					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still born

How long

Immediate

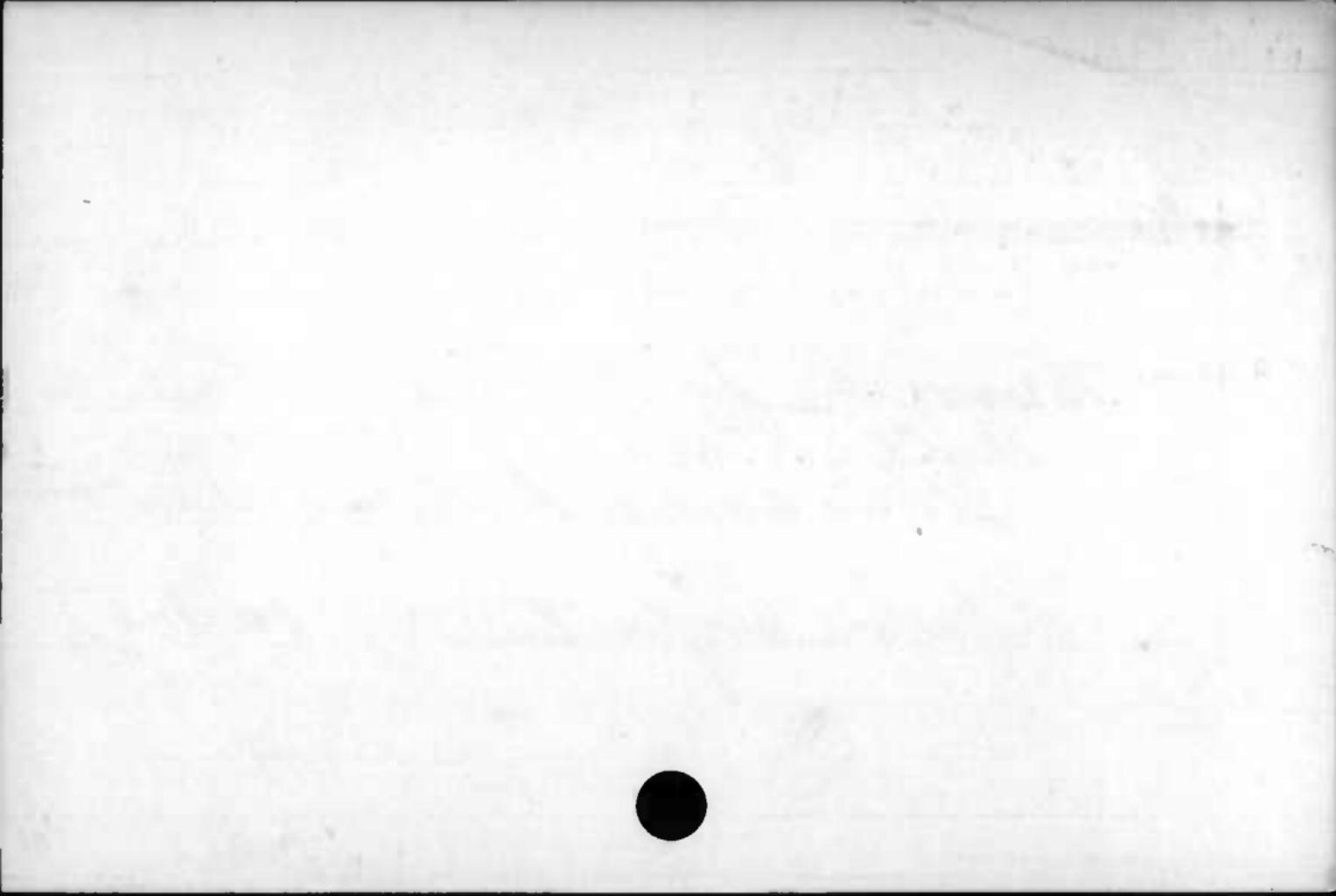
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Abraham Shank  
Clearspring  
Washington Co. Md.

Accident or Suicide?



*Furter Spellman Jr*

Town

County

Died at

MARYLAND

*Edgewater Reserve Works.*

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	7	31	Age	24	-	N.C. Carolina	Laborer
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's

Name

*Furter Spellman*

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

*drowning*

Accident, Suicide, Homicide

Reported by

*Dr. Steck Jr*

*172*

Address

*Anne Arundel Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Charles Greely Sprecker

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date 27  
of death 1903

Month

Day

Years

Months

Days

Age

8 -

Sex Male

Color or  
Race

White -

Birth-  
place

Maryland

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
Husband

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
Information

neelu Sprecker

neelu Sprecker

Father's  
Birthplace

Mother's  
Birthplace

How related  
to deceased

Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus -

How long

Immediate

Marasmus

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

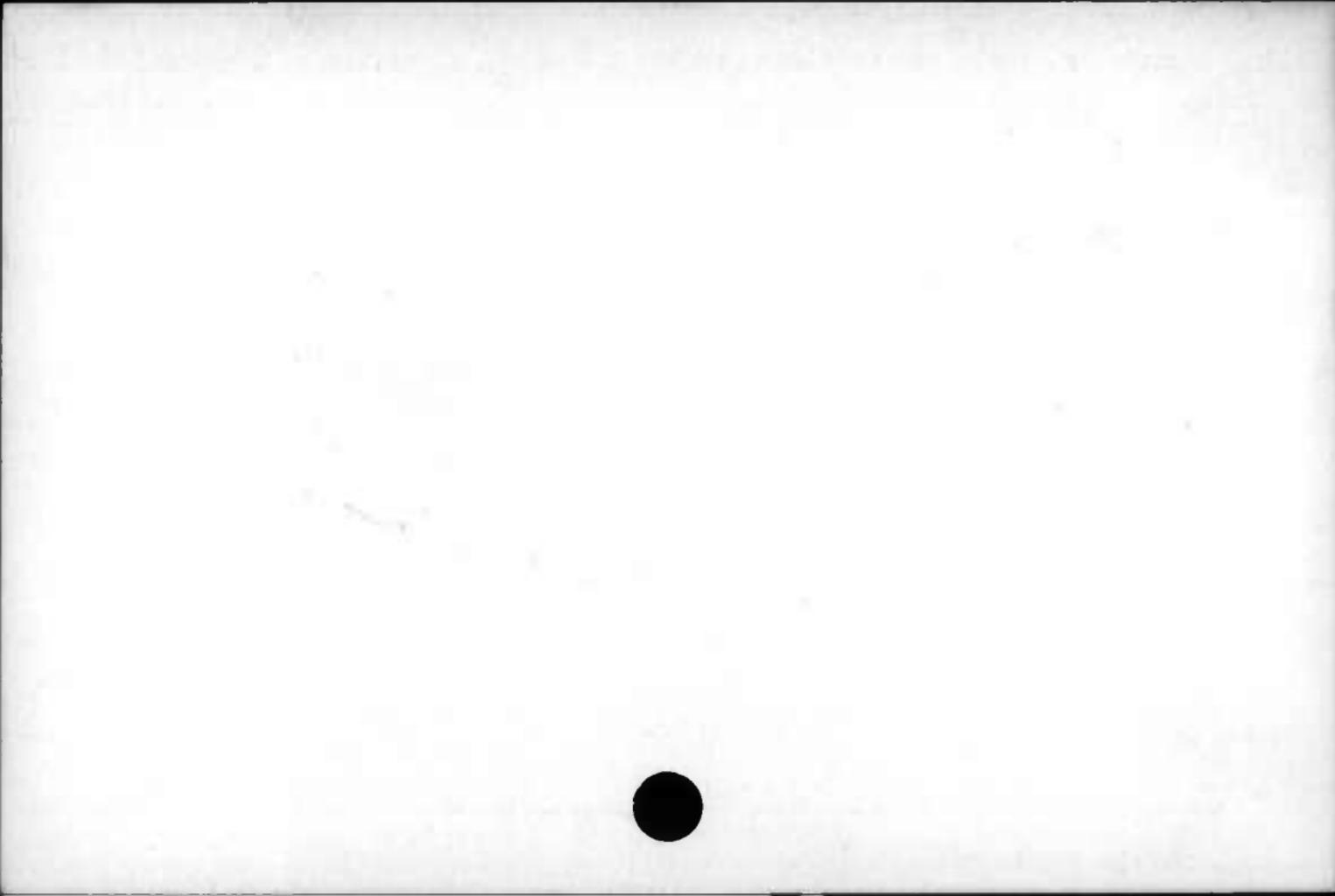
Address

yes -

105

Dr. B. A. Jr. M.D.

Accident or Suicide?



Name  
in  
Full

Elizabeth Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Apple Town	Washington				
Date of death 1903	Month July	Day 24	Years 79	Months 8	Days 9	
Sex Female	Color or Race White	Birth-place West Virginia				
Married, Single or Widowed Never married	Occupation					
Name of Wife or Husband						
Father's Name	David Stone		Father's Birthplace	cannot tell		
Mother's Maiden Name	Catherine Stone		Mother's Birthplace	cannot tell		
Name of person giving information	Victor G. Eakle		How related to deceased	Great Aunt		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E J Smith  
Burnsboro Md

Accident or Suicide?



Luman Allen Stoller

Town

County

Brosnus

West Va

MARYLAND

Died at

Month

Day

M.

D.

Native or

Date 1903.

7 24

Age 50

14

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

one

Husband of

Anna Mary Casathers

Wife

Mother's

Father's

Peter Stoller

Maiden Name

Elizabeth Shurley

Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

P. C. Bliges -

Address

Hancock MD

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph				Studley				CERTIFICATE OF DEATH		
Died at Hagerstown				County Washington				MARYLAND		
Date of death 1903	Month July	Day 2.	Age 80	Years	Months	Days				
Sex Male	Color or Race White		Birth-place	Stratford						
Married, Single or Widowed	Occupation	Married Basket maker								
Name of Wife or Husband										
Father's Name		Father's Birthplace								
Mother's Maiden Name		Mother's Birthplace								
Name of person giving Information	27	How related to deceased								

CAUSES OF DEATH

Primary	Phthisis Pulmonalis		How long	5 yrs.
Immediate	Exhaustion, Drunken		How long	3 months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	(S.W. Thompson)
			Address	Hagerstown, Md
Accident or Suicide?				

~~80~~  
3,  
~~50~~

~~11~~  
26  
03

Elizabeth.		Deeler.			
Died at	Town	County			MARYLAND
near Zelgo		Ward,			
Date 1903	Month 7	Day 10	Y. M. D.	Native of Md.	Occupation housewife
Male	White	Age 83	Widow	Divorced	
Female	Single		Widower	Number of children living 5	
Husband of Isaac Deeler.					
Father's Name	Mother's Maiden Name Annie Amenta				
Cause of death Primary old age	How long sick				
Death Immediate Hydrocephalus	15				
Reported by C Debakos	Accident, Suicide, Homicide				
Address Rohresville MD					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Catharine Summers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation	Church Hill Md. Co., Md.			7
Name of Wife or Husband	House Wife				
Father's Name	Md				
Mother's Maiden Name	Md				
Name of person giving information	Daughter				

1903 July 22 65 4 7

Female White

Widow

David V. Summers

Joseph Schildnecht

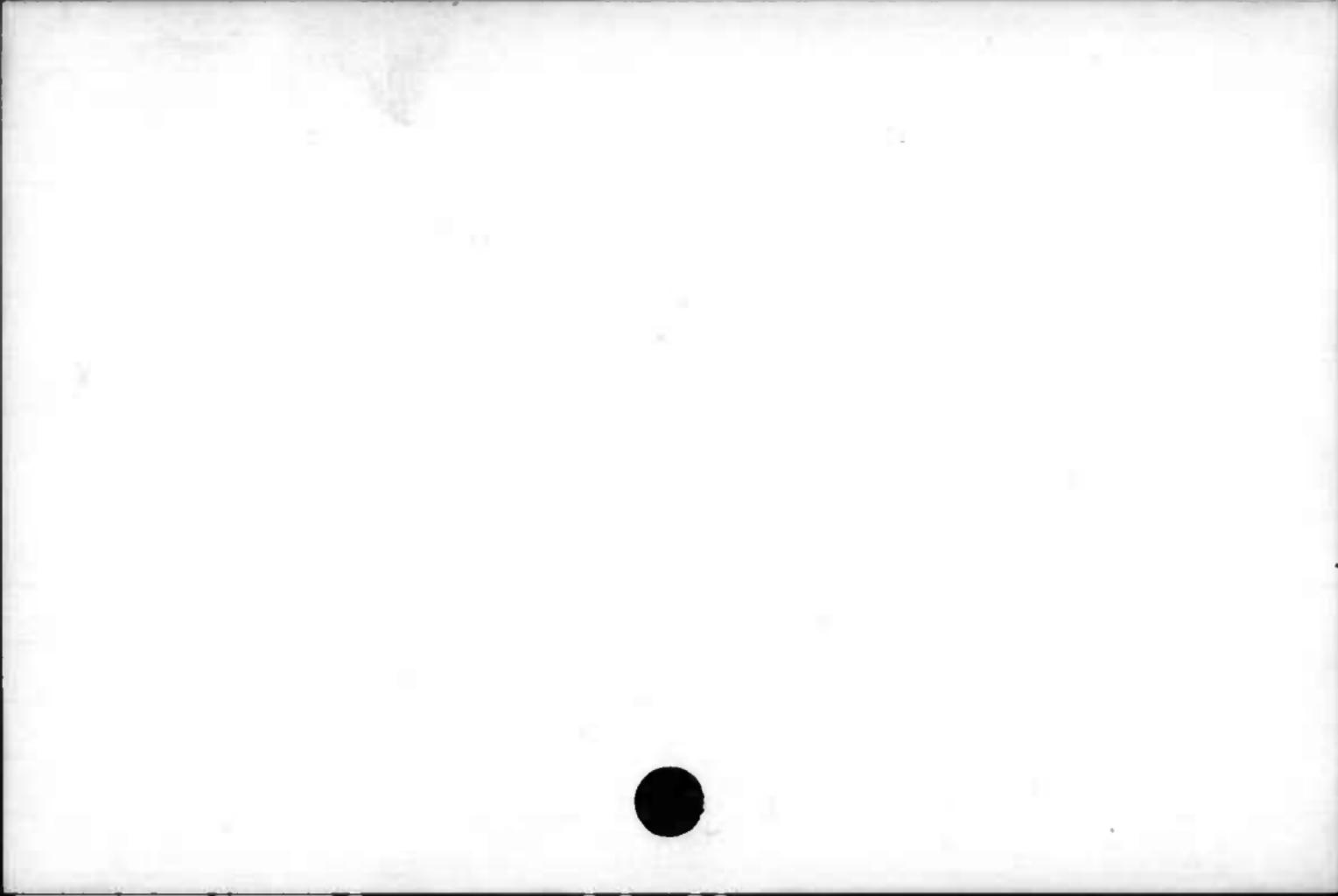
Ellenora Poffenberger

Mrs. Elmer Longawacher

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ago of lxx -		How long
Immediate	lxx		4 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W.B. Wheeler M.D.
		Address	Boonsboro Washington Co.
Accident or Suicide?			



Name  
in  
Full

Infant child of C. F. & Zella Underdouk.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u>	Month <u>July</u>	Day <u>4</u>	Years —	Months —	Year <u>15</u>
Sex <u>white</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Married, Single or Widowed <u>single</u>	Occupation <u>child</u>				
Name of Wife or Husband <u>b7</u>					
Father's Name <u>C. F. Underdouk</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Zella Johnson</u>	Mother's Birthplace "				
Name of person living In formation <u>C. F. Underdouk</u>	How related to deceased <u>Father.</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Abscesses

151

How long

only 15 hrs old

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

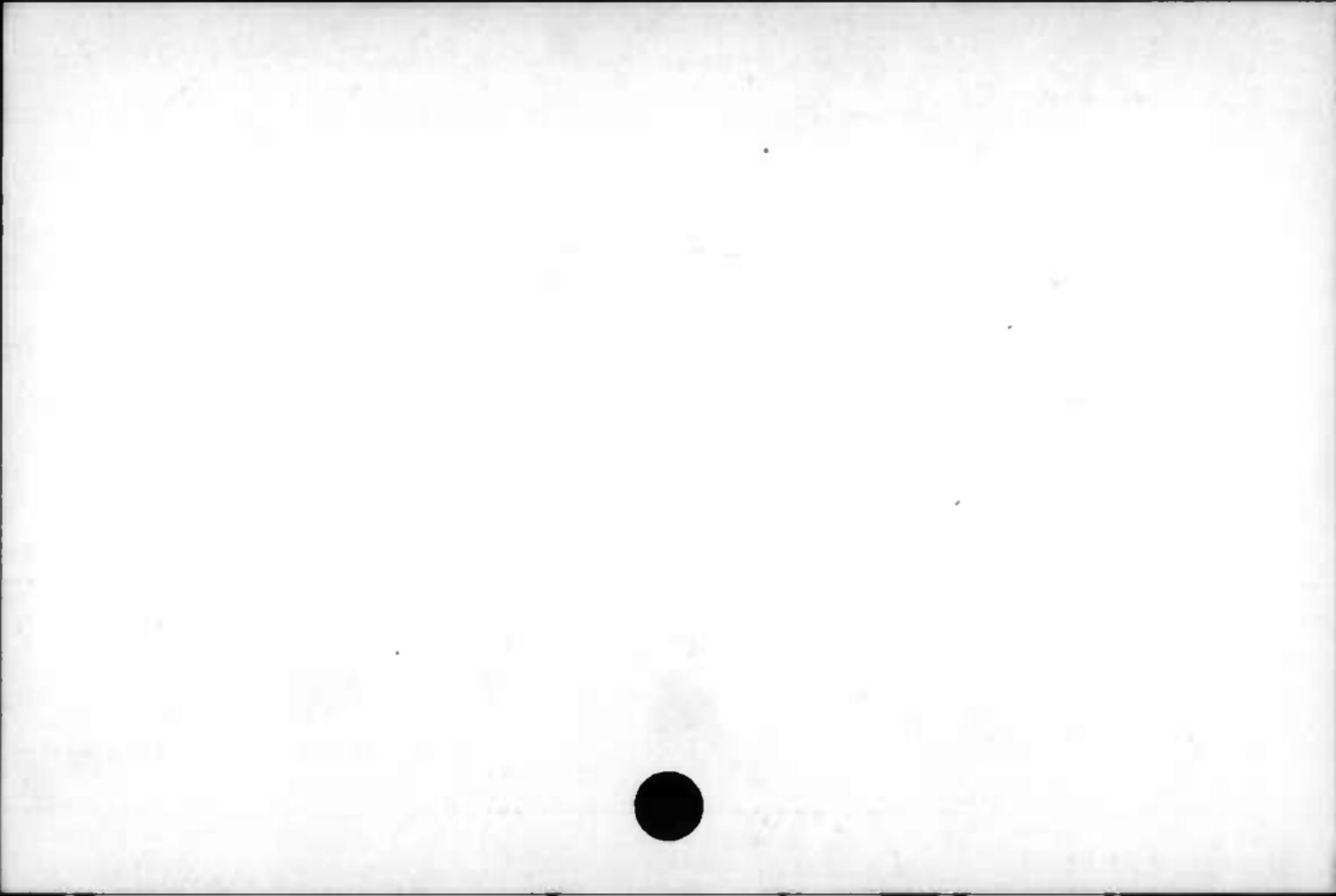
yes

Signature of  
Physician

Address

J. E. Pittsburgh  
Hagerstown  
Md

Accident or Suicide?



Name  
in  
Full

John Wagaman

CERTIFICATE OF DEATH

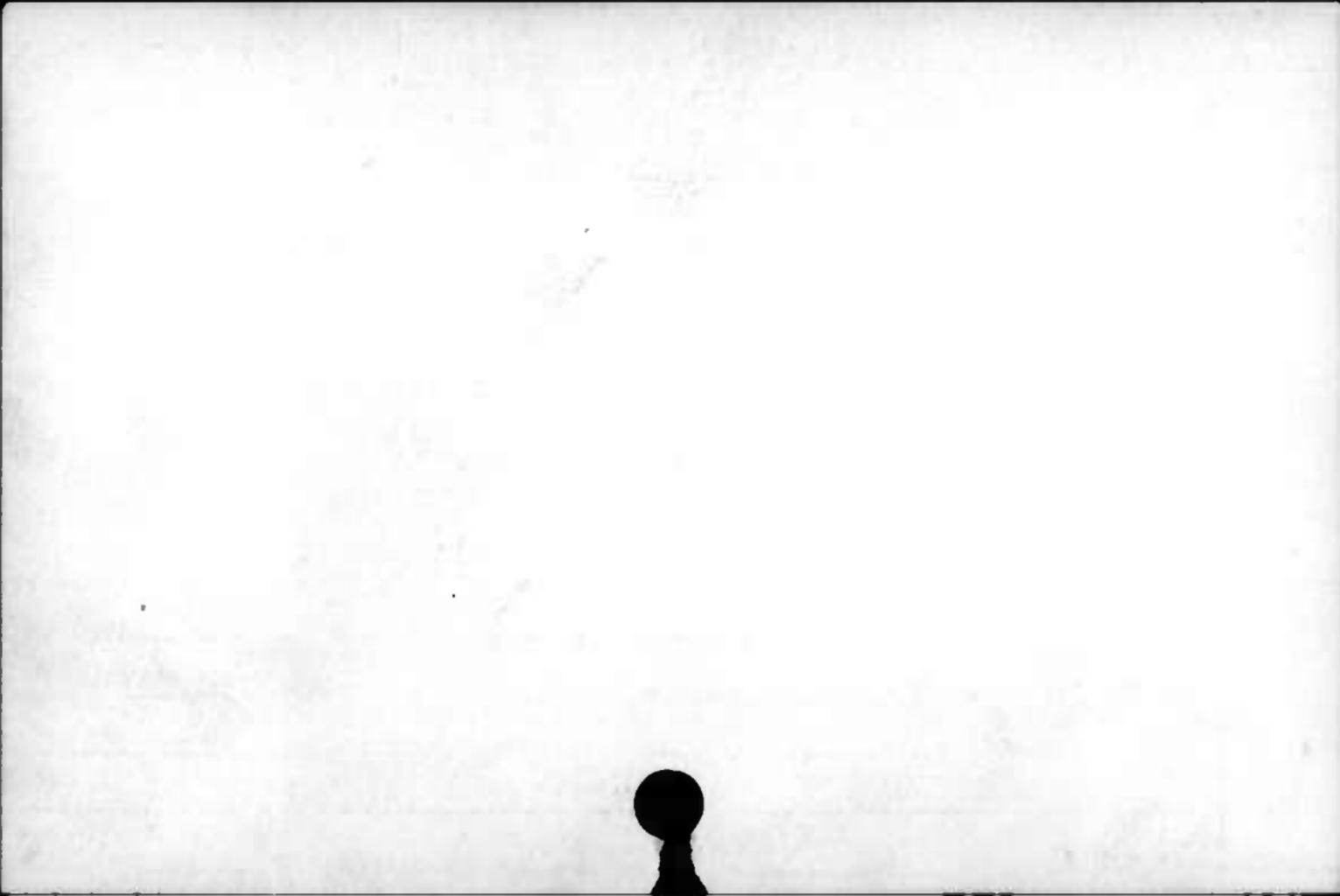
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	July	11th	Age 64	3	10
Sex	Color or Race	Occupation			
Male	White	Sup't. Orphan's Home.			
Married, Single or Widowed	Married				
Name of Wife or Husband	Cordelia Hemsworth Gault				
Father's Name	David Wagaman				
Mother's Maiden Name	Nancy Wagaman				
Name of person giving Information	D. M. Wagaman				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis		How long	Fifteen Years
Immediate	Cardiac Dilatation		How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	D. M. Wagaman
			Address	47 N. Franklin St. Hagerstown, Md.
Accident or Suicide?		- 120		



Name  
in  
Full

# Still Born

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 1st	Years	Months	Days
Sex Male	Color or Race White	Occupation	Birth-place Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Leslie P Wakewight				
Mother's Maiden Name	Hattie F Bloom				
Name of person giving Information	Leslie P Wakewight				
CAUSES OF DEATH					
Primary				How long	
Immediate Still Born	D			How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

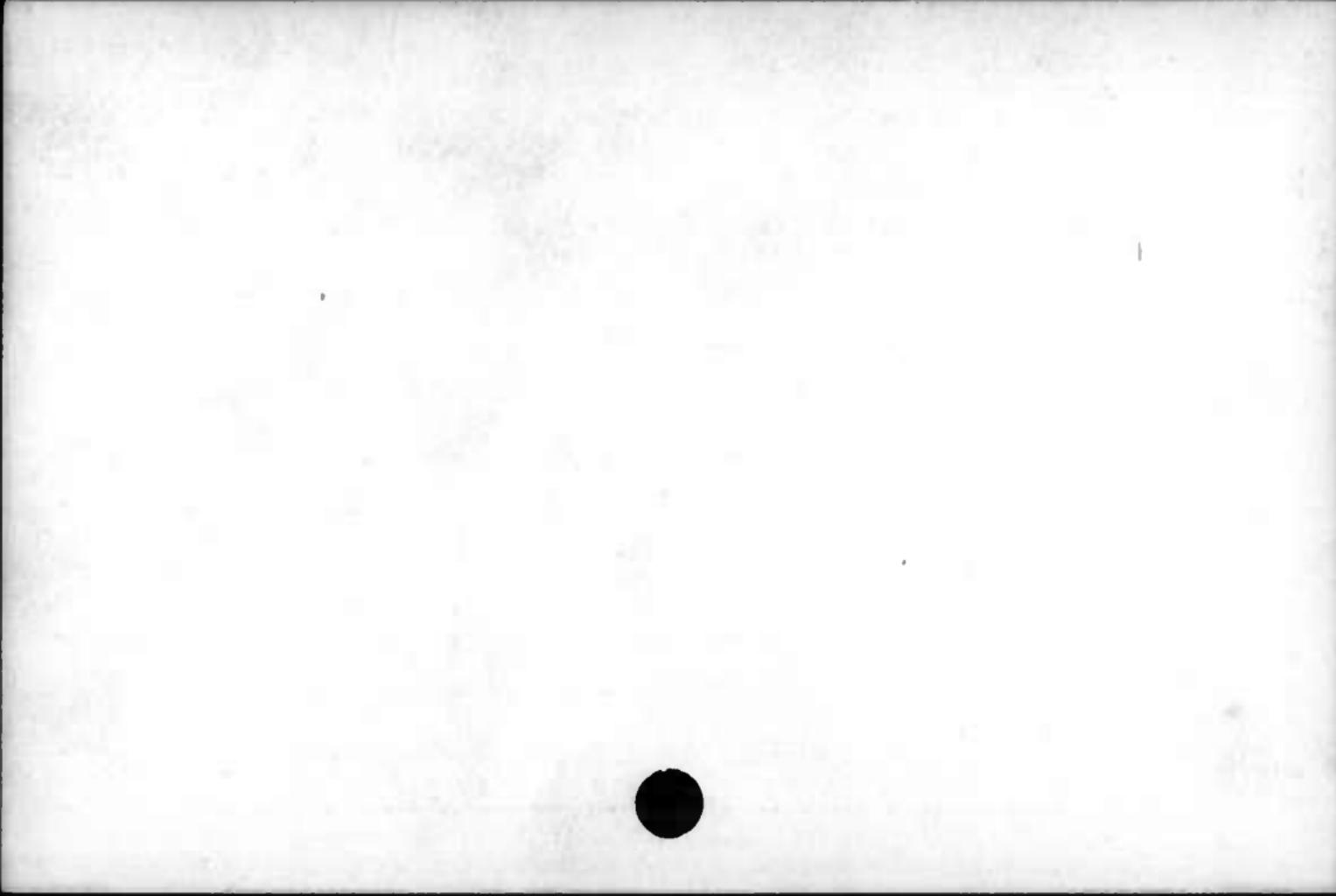
Signature of Physician

Audrey Coffman

Hagerstown Md

Funeral Director

Address



Name in Full

Certificate of Death

Clifford

Wager

WARNER

Died at	Town	County	
Charspring	Washingtn	MARYLAND	

Date	Month	Day	M.	D.	Native of	Occupation
1903	July	6	—	—	16 <sup>th</sup> Md.	—
Male	White		Married	Widow	Divorced	
Female	Colored		Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Charles Wager

Mother's Name

Willis Warner

Cause of Death

Primary

Cholera Infantum

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. H. C. Foster

Address

Charspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Emma Worden

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1923	Month July	Day 2	Years	Months	Days		
Sex Female	Color or Race white	Occupation Child	Birth-place Md.				
Married, Single or Widowed single							
Name of Wife or Husband							
Father's Name Thos. B. Worden			Father's Birthplace	Md.			
Mother's Maiden Name Florence V. Bussard			Mother's Birthplace	'			
Name of person giving Information	Eli F. Bussard		How related to deceased	Grandfather			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Enter - Colitis

105

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.B. Morrison M.D.

Hagerstown  
Md.

Accident or Suicide?

